



WATER PROTECTION BUREAU

AGENCY USE ONLY

Permit No.:

Date Rec'd.:

Amount Rec'd.:

Check No.:

Rec'd By:

FORM

NOT-SWI

Notice of Termination (NOT) Multi-Sector General Permit for Storm Water Discharges Associated with Industrial Activity (MSGP) MTR000000

This form is used to notify the Department that the owner/operator of an industrial facility requests termination of coverage under the Department's Multi-Sector General Permit for Storm Water Discharges Associated with Industrial Activity (MTR000000). The Notice of Termination (NOT-SWI) requirements are addressed in Part 1.5 of the General Permit. You must type or print legibly; forms not legible or are unsigned will be returned. Do not leave blank spaces. Attach requested additional termination documentation. You must maintain a copy of the completed NOT-SWI form for your records.

Section A - Facility or Operation Information

Permit Authorization or NOI Number: MTR00 _____

Facility or Operation Name _____

Physical Location, Mailing address, or directions to location _____

Nearest City or Town _____ Zip Code _____ County _____

Latitude _____ Longitude _____

Section B - Owner/Operator Information

Owner/Operator Name _____

Mailing Address _____

City, State, and Zip Code _____

Phone Number () _____ E-mail _____

Section C - Annual Fees

The permittee is responsible for payment of annual fees for each calendar year of coverage. You may contact the Department to receive an invoice or determine outstanding fees upon termination. Contact information is on page 2.

Section D - Reason for Termination and Documentation

Indicate the reason(s) for termination of this permit authorization by checking the appropriate box below:

- Through ceased operations of the facility or otherwise, the permittee has ceased any and all regulated storm water discharges to state surface waters and demonstrates to the Department there is no probability of further uncontrolled discharge(s) which may affect state surface waters, and the permittee has already implemented necessary sediment and erosion controls as required by Part 2.2.5.
 - Attach a detailed explanation and/or documentation confirming ceased operations.
- The permittee is a Sector G, H, or J facility and the permittee has met the applicable termination requirements in Part 3.4 of this permit.
 - Attach a detailed explanation and/or documentation detailing completion of all termination requirements.
- The permittee has obtained coverage under an individual MPDES permit or alternative MPDES general permit authorizations for all discharges required to be covered by an MPDES permit, in which case coverage under the MSGP will terminate on the effective date of the applicable individual or alternative MPDES permit coverage(s).
 - Provide the individual MPDES or alternative MPDES general permit authorization number(s): _____.

Additional Information:

Applicant Information: This form must be completed, signed, and certified by an authorized signatory by an authorized signatory per Part 4.18.1.1 of the MSGP:

- For a corporation, by a principal officer of at least the level of vice president;
- For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
- For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official.

All Applicants Must Complete the Following Certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person(s) who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information; including the possibility of fine and imprisonment for knowing violations.

Owner/Operator

A. Name (Type or Print)

B. Title (Type or Print)

C. Phone No.

D. Signature

E. Date Signed

The Department will not process the NOT-SWI form until all of the requested information is supplied and the form is complete. Return the NOT-SWI form to:

Montana Department of Environmental Quality
Water Protection Bureau
P.O. Box 200901
Helena, MT 59620-0901
(406) 444-5546