

NOTICE of TERMINATION
for facilities covered under the
Industrial or Mineral Mining
General Permit



<p><i>Official Use Only</i> Date received:</p>
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Use this form to terminate coverage under the Industrial General Permit (WYR00-0000) or Mineral Mining General Permit (WYR32-0000) for storm water. Do **not** use this form to transfer coverage to another operator.

1. Contact Information:

Permittee		
Company Name:		
Legally Responsible Person: (See Item 5 below for description)	Mr. Ms.	
Title:		
Mailing Address:		
City, State, ZIP Code:		
Telephone:		E-mail:

2. Authorization Number

Authorization number assigned to this facility: WYR	
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3. Facility Information:

Facility Name:	
Facility County(ies)	
Facility Location. Provide the location as either section, township, and range OR a street address OR latitude and longitude.	

4. Basis for Termination:

<p>Describe the reason(s) for requesting termination of coverage. Have operations ceased or changed and the facility no longer requires a permit to discharge storm water associated with industrial or mineral mining activity? See the respective general permits for conditions of termination. <i>Note: If you intend to transfer your permit authorization to another party, please use the Notice of Transfer and Acceptance (NOTA) available at http://deq.wyoming.gov/wqd/storm-water-permitting/ or by calling 307-777-7781.</i></p>	
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5. Certification:

I certify under penalty of law that no storm water discharges associated with industrial activity (including mineral mining activity) remain at the facility described above. (Storm water discharges associated with industrial activity are defined in the general permits.) Or,

Industrial permit coverage only. Storm water discharges from an oil and gas exploration, production, processing, treatment or transmission facility that required coverage under the industrial general permit pursuant to Part 1.3.8 of the permit now meet the conditions for termination of coverage found in Part 5.1.3.

I understand that by submitting this notice I am terminating coverage under Wyoming's Industrial General Permit or Mineral Mining General Permit. I also understand that if, at a later date, it is determined that the site did not, in fact, meet the conditions for termination in Part 5 of either permit, I may be liable for discharging pollutants without a permit.

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 or persons 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.

Printed Name of "Legally Responsible Person"	Title
Signature of "Legally Responsible Person"	Date

Authorized signatories for this notice of intent are the following "legally responsible persons:"	
<i>For corporations:</i>	<i>A principal executive officer of at least the level of vice president, or the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the overall operation of the facility from which the discharge originates.</i>
<i>For partnerships:</i>	<i>A general partner.</i>
<i>For a sole proprietorship:</i>	<i>The proprietor.</i>
<i>For a municipal, state, federal or other public facility:</i>	<i>Either a principal executive officer or ranking elected official.</i>

Section 35-11-901 of Wyoming Statutes provides that:

"Any person who knowingly makes any false statement, representation, or certification in any application . . . shall, upon conviction, be fined not more than ten thousand dollars (\$10,000) per day for each violation or imprisoned for not more than one (1) year, or both."

Upon completion mail or hand deliver to: WYPDES Storm Water Program
DEQ/WQD
200 West 17th Street
Cheyenne, WY 82002