

ADEQ General Permit 0000-WG-SW
Salt Water Disposal Facilities
Request for Termination of Permit Coverage

The following table lists the current information in our records for your facility. If there are any changes to your system, please indicate below before signing and returning to ADEQ. By signing this document, you are affirming that the following information is correct, your system meets the requirements for Permit by Rule for Salt Water Disposal Surface facilities, and that you wish to terminate your current ADEQ permit coverage under general permit 0000-WG-SW. **Please keep a copy of this completed form for your records.**

	Current ADEQ permit records	Updated information (if necessary)
Permit Tracking Number:		
AFIN:		
System Name:		
Salt Water Storage Volume (in barrels):		
Permittee Name:		
Responsible Official Name:		
Mailing Address:		

Responsible Official Signature: _____ Date: _____

Please return the form to the address below:

Office of Water Quality, Permits Branch
Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock, AR 72118-5317

or send it electronically to:

water.permit.application@adeq.state.ar.us