**NOTICE OF TERMINATION (NOT)**

**FOR DISCHARGERS OF STORMWATER RUNOFF ASSOCIATED WITH INDUSTRIAL ACTIVITY**

**AUTHORIZED UNDER NPDES GENERAL PERMIT ARR000000**

|  |  |  |
| --- | --- | --- |
| **Permit Tracking Number to be Terminated:** | **ARR00** |  |

1. **PERMITTEE INFORMATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Permittee Legal Name : |  | | |  | Permittee Type: | | | |
| Permittee Mailing Address: |  | | |  | STATE | | PARTNERSHIP | |
| City: |  | | |  | FEDERAL | | CORPORATION\* | |
| State: |  | Zip: |  |  | SOLE PROPRIETORSHIP | | | |
| Permittee Telephone Number: |  | | |  | \*State of Incorporation: | | |  |
| Permittee Fax Number: |  | | |  | E-mail: |  | | |

**II. FACILITY SITE INFORMATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Facility Name: |  | |  | Facility Contact Person: |  | | |
| Facility County: |  | |  | Facility Physical Address: |  | | |
|  | |  |  | Facility City: |  | Zip: |  |
| Reason for Termination |  | |  | Telephone Number: |  | | |

Does the facility have an Individual NPDES Permit?  YES If yes permit Number (AR00      )  NO

Has the facility ceased all operations associated with industrial activity?  YES If yes, date: (     )  NO

Have all industrial stormwater discharges associated with industrial activity been eliminated?  YES If yes, date: (     )  NO

**III. PERMITTEE 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 or 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."

“I also certify under penalty of law that all stormwater discharges through outfall(s) permitted under this General Permit for activities associated with this facility have been eliminated. I understand that by submitting this Notice of Termination (NOT) that I am no longer authorized to discharge stormwater through outfall(s) under this General Permit, and that discharging pollutants associated with activity at this facility to waters of the State is unlawful under the Clean Water Act and the Arkansas Water and Air Pollution Control Act where the discharge is not authorized by an NPDES permit.”

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| --- | --- | --- | --- | --- |
| Responsible Official Name: |  |  | Title: |  |
| Responsible Official Signature: |  |  | Date: |  |