

NOTICE OF TERMINATION

TO COMPLY WITH THE TERMS AND CONDITIONS OF THE GENERAL PERMIT TO DISCHARGE
WASTES FROM CONCENTRATED ANIMAL FEEDING OPERATIONS (DAIRIES AND RELATED FACILITIES)
(Order No. R8-2018-0001, NPDES No. CAG018001)

PERMITTEE (Person/Agency Responsible for the Discharge)

Owner/Operator Name: _____

Mailing Address: _____
Street City State ZIP

Contact Person: _____ Phone (____) _____

FACILITY (Physical Address)

Name: _____

Location: _____
Street City State ZIP

Contact Person: _____ Phone (____) _____

BASIS FOR TERMINATION

1. Facility Closed: The facility is closed and all CAFO (Dairies and Related Facilities) activities terminated.

Date of closure ____/____/____

2. Facility Cleaning:

Have all ponds/wastewater holding lagoons been drained, scrapped, and solids removed? Yes ___ No ___

Has all manure been removed from Corrals (please provide manure tracking manifests)? Yes ___ No ___

Has all stockpiled manure been removed (please provide manure tracking manifests)? Yes ___ No ___

3. New Facility Operator. Is there a new operator at this facility? Yes ___ No ___

Date facility was transferred to new operator ____/____/____

Have you notified the new operator, in writing, of the NPDES Permit requirements?
(If so, please provide a copy of notification) Yes ___ No ___

Have you provided a copy of EWMP and NMP (if applicable) to the new operator? Yes ___ No ___

Please provide new operator's Name, Address, and Phone number _____

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. I believe that the information submitted is true, accurate and complete. I am also aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. I also understand that the submittal of this Notice of Termination does not release the facility operator from liability for any violations of Order No. R8-2018-0001.

SIGNATURE OF OWNER OF FACILITY

SIGNATURE OF OPERATOR OF FACILITY

PRINT OR TYPE NAME

PRINT OR TYPE NAME

TITLE AND DATE

TITLE AND DATE