



LPDES REQUEST FOR TERMINATION

Of Non-Stormwater General Permit Coverage and Individual LPDES Permits

This form is to be submitted when a discharge permit is no longer required or necessary. Submission of this form shall in no way relieve the permittee of current permit requirements. The Office will notify the permittee in writing of the date of termination of coverage. **This form may not be used for termination of general permit stormwater coverage. ALL INFORMATION MUST BE PROVIDED.**

SECTION I - FACILITY INFORMATION

LPDES Permit Number for the facility _____
 Agency Interest (AI) Number for the facility _____
 Owner/Operator Name _____
 Facility Name _____
 Phone _____ Fax _____ e-mail _____
 Mailing Address _____
 _____ Zip Code: _____

Check appropriate box regarding termination of the above listed non-stormwater LPDES permit.

Discharge permanently terminated by elimination of flow.
 Date discharge terminated or will be terminated: _____

Discharge permanently terminated by connection to a POTW.
 Date discharge connected or will connect to POTW: _____
 Provide name and LPDES permit number of POTW: _____

Other reason(s): (ex., coverage under alternate permit; provide date of coverage):

SECTION II - CERTIFICATION

Check appropriate box regarding pending enforcement actions and lawsuits.

I certify that I am not subject to any pending state or federal enforcement actions, including citizen suits brought under state or federal law. (Permit will be terminated by expedited permit termination procedures as defined at LAC 33:IX.2907.B)

I am currently subject to pending state or federal enforcement actions, including citizen suits brought under state or federal law. (Permit will be terminated following procedures at LAC 33:IX.3105)

I certify under penalty of law that all discharges from the identified facility have been or will be terminated through elimination, connection to a POTW or coverage under another LPDES permit. I understand that all conditions of the permit shall remain in effect until notified by the Department. I also understand that the submittal of this Notice of Termination does not release me from liability for any violations of this permit or the Environmental Quality Act. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I am aware that an LPDES permit must be obtained prior to recommencement of discharges from this facility.

Signature _____ **Title** _____

Printed Name _____ **Date** _____