

APPENDIX D

NOTICE OF TERMINATION (NOT) FORM

For Point Source Discharges From The Application Of Pesticides
Authorized by a Kansas Water Pollution Control General Permit
Under the National Pollutant Discharge Elimination System

Operator's Name: _____

Company Name: _____

Operator's Phone: _____

Operator's Email: _____

Operator's Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Kansas Permit Number: _____

To relinquish authorization to discharge under this permit, the permittee must sign and submit the following certification.

I certify under penalty of law that all discharges authorized by this permit have been terminated. I understand that by submitting this Notice of Termination, I am no longer authorized to discharge from the application of pesticides to Waters of the United States. I also understand that submittal of this notice of this Notice of Termination does not release the permittee from liability for any violations of this NPDES permit, State or Federal law, which occurred during the effective period of this permit. Termination of this permit will be effective when accepted by KDHE.

Person Authorized to Sign This Notice of Termination:

Signature: _____

Print Name: _____

Title: _____

Date: _____

Phone: _____

Email: _____

RETURN THIS NOTICE OF TERMINATION TO:

Kansas Department of Health and Environment
Bureau of Water - Technical Services Section
1000 SW Jackson St., Suite 420
Topeka, Kansas 66612-1367