



NOTICE OF TERMINATION FORM (NOT)

To Relinquish the Authorization to Discharge Stormwater Runoff from Industrial Activity from the Industrial Facility Described Herein. Kansas Water Pollution Control General Permit No. S-ISWA-1111-1

Submission of this Notice of Termination (NOT) constitutes notice that the party identified in Section I of this form relinquishes authorization for coverage under the Kansas Water Pollution Control general permit, or KDHE authorized successors issued for Stormwater Runoff from Industrial Activity in the State of Kansas. Submission of this Notice of Termination to KDHE relinquishes the permittee's authorization to discharge stormwater associated with industrial activity at the industrial facility described herein. Completion of this NOT does not automatically relieve the former permittee of any civil, criminal and/or administrative penalties.

Coverage is terminated when the Kansas Department of Health and Environment (KDHE) receives and accepts a complete NOT. KDHE will notify any permittee whose NOT is incomplete, deficient or denied.

Certification

I certify under penalty of law that all authorized discharges of stormwater associated with industrial activity at the industrial facility described herein have been eliminated. I understand that by submitting this Notice of Termination, I am no longer authorized under the general NPDES permit S-ISWA-1111-1 to discharge stormwater associated with industrial activity at this industrial facility. I understand that discharging pollutants in stormwater associated with industrial activity to waters of the State is unlawful under K.S.A. 65-164 and 65-165 and the Clean Water Act without authorization by a valid Kansas Water Pollution Control Permit. I understand that by submitting this Notice of Termination, I am not released from liability for any violations of the general NPDES permit S-ISWA-1111-1, K.S.A. 65-164 and 65-165, the Kansas Surface Water Quality Standards (K.A.R. 28-16-28 et seq.), or the Clean Water Act. I also hereby certify that I am authorized to sign this Notice of Termination as a representative of the permittee named herein.

Please Print or Type.

Name of Industrial Facility:
Address: City: County: State: KS Zip Code:
Kansas Permit No. Federal Permit No.
Print Name: Date:
Signature: E-mail address:

Submit the NOT with original signature to:

Kansas Department of Health and Environment
Bureau of Water, Industrial Programs Section
1000 SW Jackson, Suite 420
Topeka, KS 66612 - 1367

KDHE Contact Information

Phone: (785) 296-5545
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