

NOTICE OF PERMIT TERMINATION (NOPT)

Permit Holder's Name _____

Facility Name: _____

Facility Address / Location: _____

State or Federal Permit No. _____

To relinquish authorization to discharge under this permit, 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 Permit Termination, I am no longer authorized to discharge wastewater to waters of the State. The pollution controls have been properly closed, and the site has been restored to its original condition or better. I also understand that submittal of this Notice of Permit 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 Permit Termination:

Print Name: _____ Title: _____

Signature: _____ Date: _____

Phone # _____ Email: _____

RETURN NOTICE OF PERMIT TERMINATION TO:

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