

# New York State Department of Environmental Conservation

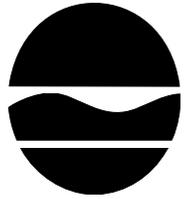
## Division of Water

### Bureau of Water Permits, 4<sup>th</sup> Floor

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### Notice Of Termination

#### GENERAL PERMIT (GP-0-14-001) State Pollutant Discharge Elimination System (SPDES) Concentrated Animal Feeding Operations (CAFOs)

**INSTRUCTIONS:** This *Notice of Termination* (NOT) form must be completed by the owner or operator of a CAFO which is authorized to operate under General SPDES Permit GP-0-14-001, if permit coverage is to be terminated. The owner or operator must comply with all applicable closure requirements under 6 NYCRR Part 750. Proper management and/or removal of all residual materials is required in accordance with 6 NYCRR 750-2.11 prior to submittal of the Notice of Termination including, but not limited to, the inspection and closure requirements for waste storage facilities.

#### SECTION I: PRESENT OWNER/OPERATOR INFORMATION

##### FACILITY LOCATION INFORMATION

##### OWNER/OPERATOR CONTACT INFORMATION

Facility Name: \_\_\_\_\_ Owner/Operator Name: \_\_\_\_\_

Street or P.O. Box: \_\_\_\_\_ Street or P.O. Box: \_\_\_\_\_

City/Town/Village: \_\_\_\_\_ City/Town/Village: \_\_\_\_\_

State: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_ E-Mail (optional): \_\_\_\_\_

E-Mail (optional): \_\_\_\_\_

DEC Authorization No. (If Previously Assigned By DEC) \_\_\_\_\_

DEC SPDES No. (If Previously Assigned By DEC) \_\_\_\_\_

**SECTION II: REASON FOR SUBMITTAL - CHECK THE BOX THAT APPLIES TO YOUR OPERATION**

- This operation has been terminated and all closure requirements under all applicable NRCS standards have been completed.
- This operation is not an Animal Feeding Operation (AFO) (e.g. is now a pasture operation) and all closure requirements under all applicable NRCS standards have been completed or the structural facilities will be maintained and all residual wastes from the CAFO facility handled in accordance with a nutrient management plan.
- This operation is below the CAFO General SPDES Permit animal threshold requirements and is no longer under my control; the new owner has been informed to maintain structural facilities and all residual wastes from the CAFO facility handled in accordance with a nutrient management plan. The number of animals confined at this time: \_\_\_\_\_.
- This operation is below the CAFO General SPDES Permit animal threshold requirements but the structural facilities will be maintained and all residual wastes from the CAFO facility handled in accordance with a nutrient management plan. The number of animals confined at this time: \_\_\_\_\_.
- Other. Explain:

**SECTION III: OWNER/OPERATOR 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 gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

\_\_\_\_\_  
Name (please print or type)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date