

# New York State Department of Environmental Conservation

## Division of Water

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

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### Appendix C

#### Notice Of Termination

#### GENERAL PERMIT (GP-04-02) 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-04-02, if the operation is to be terminated. The owner or operator must comply with all applicable closure requirements under NYCRR Part 750.

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

##### FACILITY LOCATION INFORMATION

Facility Name: \_\_\_\_\_

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

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

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

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

County: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

##### OWNER/OPERATOR CONTACT INFORMATION

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

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

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

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

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

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

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

E-Mail: \_\_\_\_\_

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 NYCRR Part 750 have been completed.
- This operation is not an Animal Feeding Operation (AFO).
- This operation is below the CAFO General SPDES Permit animal threshold requirements. The number of animals confined at this time: \_\_\_\_\_.
- This operation has no discharge of process wastewater to waters of the State.

**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