

Facility Information

Facility Name

[Grid for Facility Name]

Facility Street Address

[Grid for Facility Street Address]

Facility City

[Grid for Facility City]

State

[Grid for State]

Facility Zip

[Grid for Facility Zip]

Facility County

[Grid for Facility County]

Name of Nearest Cross Street

[Grid for Name of Nearest Cross Street]

Distance to Nearest Cross Street (feet)

[Grid for Distance to Nearest Cross Street]

Direction to Nearest Cross Street

North South East West

1. Permit I.D Number..... **NYR** [Grid]

2. This Notice of Termination is being submitted for the following reason(s):

- The facility ceased operations as of [Grid] / [Grid] / [Grid]
Materials and equipment have been removed from areas exposed to precipitation.
- The facility is no longer conducting industrial activities requiring coverage under MSGP. The primary SIC code describing current activities is..... [Grid]
- The facility was sold and the new owner was notified in writing that MSGP coverage is required.
(Attach completed Application for Permit Transfer form located at the following address)
http://www.dec.ny.gov/docs/permits_ej_operations_pdf/trsfer.pdf
Date of Sale..... [Grid] / [Grid] / [Grid]

The facility discharges to a sanitary sewer and the pertinent authority has accepted responsibility or approved connection.

The facility discharges to a combined sewer and the pertinent authority has accepted responsibility or approved connection. Provide name of the sewer system.

[Grid for Sewer System Name]

The facility has effective authorization for discharges covered under this permit under an individual or alternative general permit.

Provide:

SPDES ID: **NY** [Grid]

Effective Date: [Grid] / [Grid] / [Grid]

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.

OO Signature First Name (please print or type)

MI

Date / /

OO Signature Last Name (please print or type)

Signature