

1. Permit I.D Number..... **NYR**

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

- The Facility ceased operations as of / /
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
- The Facility was sold and the new owner was notified in / /
writing that MSGP coverage may be required. Date of Sale:
- The facility discharges to a sanitary sewer and the pertinent sewer authority has accepted responsibility or approved connection.

Provide name of the sewer authority:

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

Provide name of the sewer authority:

- The Facility has effective authorization for stormwater discharges that are covered under this permit under an individual or alternative general permit. Provide the following information:

SPDES ID: **NY**

Effective Date: / /

- The Facility no longer has a stormwater discharge (zero discharge for storm events up to and including the 100-year 24-hour storm). All sources of stormwater are contained onsite.

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