

# NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

## Division of Water

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## NOTICE OF TERMINATION

### State Pollutant Discharge Elimination System (SPDES) General Permits (GP-0-16-001) OR (GP-0-19-001) for Concentrated Animal Feeding Operations (CAFOs)

**INSTRUCTIONS:** *This Notice of Termination (NOT)* form must be completed by the owner/operator of a CAFO which is authorized to operate under SPDES General Permit GP-0-16-001 or GP-0-19-001 and seeks to terminate permit coverage. The owner/ 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.

DEC Facility ID No: \_\_\_\_\_

SPDES ID No: \_\_\_\_\_

### SECTION I: LOCATION AND CONTACT INFORMATION

#### Facility Information

#### Owner / Operator Information

Facility Name:	Owner / Operator Name:
Address:	Address:
City:	City:
State:	State:
Zip Code:	Zip Code
County:	Telephone No:

**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 no longer 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 animal threshold requirements of the SPDES General Permits for CAFOs 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 permitted under GP-0-16-001 and has between 200 and 299 mature dairy cattle and no other animal numbers that are above the CAFO threshold as defined in appendix A of GP-0-16-001. This facility does not have a discharge from the production area. I understand that this facility will be inspected by the Department for discharges before this general permit is terminated. To maintain a no discharge status, this facility will continue to manage nutrients in accordance with a nutrient management plan that is annually updated by a AEM certified planner.

The number of animals confined at this time: \_\_\_\_\_

- This operation is below the animal threshold requirements of the SPDES General Permits for CAFOs 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: \_\_\_\_\_

- This operation is now under the management of \_\_\_\_\_ Farms, CAFO number \_\_\_\_\_.
- Other.

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION III: OWNER/OPERATOR CERTIFICATION**

I certify under penalty of law that this Notice of Termination 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