APPENDIX D

NOTICE OF TERMINATION (NOT) FORM
For Point Source Discharges From The Application Of Pesticides
Authorized by a Kansas Water Pollution Control General Permit
Under the National Pollutant Discharge Elimination System

Operator’s Name: __________________________________________________________
Company Name: __________________________________________________________
Operator’s Phone: _________________________________________________________
Operator’s Email: _________________________________________________________
Operator’s Mailing Address: _______________________________________________
City: ___________________________ State: _______________ Zip Code: __________
Contact Name: ___________________________________________________________
Contact Phone: __________________________________________________________
Contact Email: __________________________________________________________
Kansas Permit Number: __________________________________________________

To relinquish authorization to discharge under this permit, the permiutter must sign and submit the following certification.

I certify under penalty of law that all discharges authorized by this permit have been terminated. I understand that by submitting this Notice of Termination, I am no longer authorized to discharge from the application of pesticides to Waters of the United States. I also understand that submittal of this notice of this Notice of Termination does not release the permittee from liability for any violations of this NPDES permit, State or Federal law, which occurred during the effective period of this permit. Termination of this permit will be effective when accepted by KDHE.

Person Authorized to Sign This Notice of Termination:

Signature: __________________________________________________________________

Print Name: __________________________________________________________________
Title: ______________________________________________________________________
Date: ______________________________________________________________________
Phone: ______________________________________________________________________
Email: ______________________________________________________________________

RETURN THIS NOTICE OF TERMINATION TO:

Kansas Department of Health and Environment
Bureau of Water - Technical Services Section
1000 SW Jackson St., Suite 420
Topeka, Kansas 66612-1367

Effective November 1, 2011