



DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

NOTICE OF TERMINATION  
OF COVERAGE UNDER THE  
GENERAL PERMIT FOR TEMPORARY DISCHARGES

This form is required to be submitted when a discharge permit is no longer required or necessary. Submission of this form shall in no way relieve the permittee of permit obligations required prior to submission of this form. Please submit this form to the following addresses:

original to: South Dakota Department of Environment  
and Natural Resources  
Surface Water Quality Program  
Joe Foss Building  
523 East Capitol Avenue  
Pierre, South Dakota 57501-3181  
Telephone: (605) 773-3351 FAX: (605) 773-5286

PLEASE PRINT OR TYPE

I. Permittee Information

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Responsible Contact Person \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

II. Mailing Address of Facility/Site Location

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Responsible Contact Person \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

III. Permit Number: \_\_\_\_\_

IV. Check the reason for termination of permit coverage:

Temporary discharge is no longer occurring  You are no longer the operator of the facility  
 Other reason(s): \_\_\_\_\_

**NOTE:** Attach any Discharge Monitoring Reports (DMRs) which indicate pollutants in exceedance of permit limits.

I certify under penalty of law that all temporary discharge activities from the identified facility that are authorized by a SWD general permit have been eliminated or that I am no longer the operator of the facility. I understand that by submitting the Notice of Termination, I am no longer authorized to discharge from temporary discharge activities under this general permit, and that discharging pollutants from temporary discharge activities is unlawful under the South Dakota Water Pollution Control Act where the discharge is not authorized by a SWD permit. I also understand that the submittal of this Notice of Termination does not release an operator from liability for any violations of this permit or the South Dakota Water Pollution Control Act. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

**NOTE:** NOT must be signed by the authorized chief elective or executive officer of the applicant, or by the applicant, if an individual.

Name (print) \_\_\_\_\_ Title \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_