

Request for Termination (RFT) of Coverage



INDUSTRIAL STORMWATER GENERAL PERMIT
Coverage No. MSR00 _____ County _____
(Fill in your Certificate of Coverage Number and County)

Facilities planning to cease regulated industrial activity and/or abandon the premises upon which they operate, or wish to terminate Industrial Stormwater coverage and submit a No Exposure Certification in accordance with the provisions of ACT2, T-6 of the Industrial Stormwater General Permit, shall request termination of coverage by submitting this form along with a closure plan at least 30 days prior to ceasing operations. The closure plan shall be prepared in accordance with the requirements outlined in ACT15, S-1 of the Industrial Stormwater General Permit.

Check the appropriate box below to indicate the reason coverage is being terminated. All form blanks must be completed (enter "N/A" if not applicable).

FACILITY IS PERMANENTLY SHUT DOWN

CONVERT TO NO EXPOSURE CERTIFICATION

APPLY FOR INDIVIDUAL NPDES PERMIT

FACILITY NAME: _____ CLOSURE DATE: _____

PHYSICAL SITE STREET ADDRESS: _____

CITY: _____ COUNTY: _____

OWNER COMPANY NAME: _____

OWNER COMPANY CONTACT NAME AND POSITION: _____

STREET ADDRESS / P.O. BOX: _____

CITY: _____ STATE: _____ ZIP: _____

TEL. # (____) _____ EMAIL: _____

OPERATOR COMPANY NAME (IF DIFFERENT THAN OWNER): _____

OPERATOR CONTACT NAME AND POSITION: _____

STREET/ ADDRESS / P.O. BOX: _____

CITY: _____ STATE: _____ ZIP: _____

TEL. # (____) _____ EMAIL: _____

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. I understand that by submitting this Request for Termination and receiving written confirmation, I will no longer be authorized to discharge storm water associated with industrial activity under this general permit. Discharging pollutants associated with industrial activity to waters of the United States is unlawful under the Clean Water Act where the discharge is not authorized by a NPDES permit. I also understand that the submittal of this Request for Termination does not release an owner or operator from liability for any violations of this permit or the Clean Water Act.

Authorized Name (Print) ¹ Telephone Authorized Signature ¹ Date Signed

¹This application shall be signed according to the General Permit, ACT 16, T-9 as follows:

- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.
- For a municipal, state or other public facility, by principal executive officer, mayor, or ranking elected official.

After signing please mail to: Chief, Environmental Permits Division
MS Department of Environmental Quality, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225