



# Notice of Termination (NOT) Form

WET DECK LOG SPRAY GENERAL PERMIT

COVERAGE NUMBER MSG17 \_\_\_\_\_

AGENCY INTEREST NUMBER: \_\_\_\_\_



**Instructions:** Should the coverage recipient decide to permanently cease its wet deck log spray activities and/or abandon the premises upon which it operates, a Closure Plan and a Notice of Termination (NOT) Form must be submitted to the MDEQ no later than 90 days prior to doing so. The Closure Plan must address how and when all treatment units, industrial machinery, material handling equipment, manufactured products, by-products, raw materials, stored chemicals, and solid and liquid waste and residues will be managed so that no potential environmental hazard will remain upon closure. [2022 WDLSGP ACT 2, S-6]

Facility Name: \_\_\_\_\_

Contact Name and Position: \_\_\_\_\_

Contact Area Code and Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Contact Email: \_\_\_\_\_

Physical Site Address - Street: \_\_\_\_\_

City: \_\_\_\_\_ State: MS Zip: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address - Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is a Closure Plan attached to this Form? (A Closure Plan is required to terminate coverage.)  Yes  No

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 fines 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 or process wastewater associated with industrial activity or construct and/or operate air emissions equipment under this general permit. I also understand that the submittal of this Notice of Termination does not release an owner or operator from liability for any violations of this permit, the Clean Water Act, or the Mississippi Air and Water Pollution Control Law.

_____	_____
<b>Authorized Signature (2022 WDLSGP ACT 4, T-5)</b>	<b>Date</b>
_____	_____
<b>Printed Name</b>	<b>Printed Title</b>

Please mail to:  
Chief, Environmental Permits Division, MS Department of Environmental Quality, P.O. Box 2261, Jackson, MS 39225