

Notice of Termination (NOT)
Industrial Storm Water Discharges Permit
 Form 3400-170 (R 8/10) Page 1 of 3

Notice: This Notice of Termination (NOT) form is authorized by s. 283.37, Wis. Stats. The authorized representative of the facility shall submit this Notice of Termination form to the Department to certify that the facility no longer claims coverage under any general or individual permit for the discharge of storm water from industrial activity. Submittal of this Notice of Termination constitutes notice that the party identified in Section I of this form is no longer authorized to discharge storm water from industrial activity under a WPDES permit. Termination of coverage will be effective when confirmed by the Department to the permittee. Personally identifiable information found on this form is not intended to be used for any other purpose.

All necessary information must be provided on this NOT. Failure to complete this form correctly may result in rejection of this NOT by the Department. Please read all instructions on the back of this form before completing it.

Please type or clearly print your answers to all questions.

Section I: Owner/Operator Contact Information					
Name of Person, Organization or Company			Facility Contact Last Name	First	MI
Mailing Address			Title		
Municipality	State	ZIP Code	Telephone Number (include area code)		
Section II: Facility/Site Information					
Facility/Site Name (As Appears on Permit Authorization)			Location Address (if different than mailing address)		
Mailing Address			County		
Municipality	State WI	ZIP Code	Facility Identification (FID) and/or FIN Number (if known)		
Section III: Termination Information					
Reason for Termination Request (e.g. sale, transfer, move, or inactive)					
If facility was sold or transferred, please provide the following: Name of New Owner			New Owner Mailing Address		
Telephone Number of New Owner (include area code)			Municipality	State	ZIP Code
If this is a move, provide new address of facility:					
If this facility will be inactive, are any significant materials (see back of form) exposed to storm water? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:					
Have you retained any control over the industrial activities or materials at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:					

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Section IV: Certification & Signature

This form must be signed by an official representative of the permitted facility, in accordance with s. NR 216.22(7), Wis. Adm. Code. If this form is not signed, or is found to be incomplete, it will be returned.

State regulations require this form to be signed by an official representative of the facility as follows:

1. For a corporation, by a principal executive officer of at least the level of Vice President, or a duly authorized representative having overall responsibility for the operation covered by this permit.
2. For a unit of government, a principal executive officer, a ranking elected official or other duly authorized representative.
3. For a partnership, by a general partner; for a sole proprietorship, by the proprietor.
4. For a limited liability company, by a member or manager.

Certification: I understand that by submitting this Notice of Termination, the site described herein is no longer authorized to discharge, and does not discharge, storm water associated with industrial activity by the general WPDES permit; and that discharging pollutants in storm water associated with industrial activity to waters of Wisconsin is unlawful where the discharge is not authorized by a WPDES permit.

Signature of Authorized Representative		Telephone Number (include area code)	
Type or Print Name		Company Name	
Position Title		Mailing Address	
Date Signed	Municipality	State	ZIP Code

Mail this completed NOT to the appropriate Wisconsin Department of Natural Resources office in the region where the facility is located. See the instructions on page3 of this form for regional office addresses.

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Instructions

Please type or clearly print your answers and answer all questions. Incomplete Notice of Termination forms will be returned for completion.

Section I: Owner/Operator Contact Information				
Provide the legal name of the person, firm, public organization, or any other entity that operates the industrial activity described in Section II of this form and holds or qualifies for an applicable general or individual industrial storm water discharge permit. The operator of the activity is the legal entity which controls the activity's operation. The mailing address and phone number given should be for the facility contact person.				
Section II: Facility/Site Information				
Provide the name of the facility as it appears on the permit application or permit cover letter. If known, provide the Facility Identification (FID) and/or FIN Number.				
Section III: Termination Information				
Provide some details about the reason for this termination request. If you moved your activities to a new site, you need to reapply for the storm water permit coverage. If new owners or operators are continuing activity at this site, they need to apply for a storm water permit separately. The storm water permit coverage is site specific and is not transferable.				
Examples of significant materials are: industrial machinery, raw materials, intermediate and finished products, waste products, fuels, solvents, detergents, hazardous substances, and fertilizers.				
Section IV: Certification & Signature				
State Statutes provide for severe penalties for submitting false information on this Notice of Termination form. State regulations require this form to be signed as follows:				
<ol style="list-style-type: none"> 1. For a corporation, by a principal executive officer of at least the level of Vice President, or a duly authorized representative having overall responsibility for the operation covered by this permit. 2. For a unit of government, a principal executive officer, a ranking elected official, or other duly authorized representative. 3. For a partnership, by a general partner; for a sole proprietorship, by the proprietor. 4. For a limited liability company, by a member or manager. 				
Sign the form, print or type the name of the individual signing the NOT and the date of signature, and provide the contact information.				
Mailing Addresses				
Unless otherwise directed, mail this completed NOT Form to the Wisconsin Department of Natural Resources (WDNR) office associated with the county of the facility site location as follows:				
NORTHERN REGION (NOR)				
Ashland Barron Bayfield Burnett	Douglas Florence Forest Iron	Langlade Lincoln Oneida Polk Price	Rusk Sawyer Taylor Vilas Washburn	WDNR Superior Service Center 1701 N. 4TH Street Superior, WI 54880 715-392-7988
NORTHEAST REGION (NER)				
Brown Calumet Door Fond du Lac	Green Lake Kewaunee Manitowoc Marinette	Marquette Menominee Oconto Oneida Reservation	Outagamie Shawano Waupaca Waushara Winnebago	WDNR Northeast Regional Headquarters 2984 Shawano Avenue Green Bay, WI 54313-6727 920-662-5100
WEST CENTRAL REGION (WCR)				
Adams Buffalo Chippewa Clark	Crawford Dunn Eau Claire Jackson Juneau	La Crosse Marathon Monroe Pepin Pierce	Portage St. Croix Trempealeau Vernon Wood	WDNR Wausau Service Center 5301 Rib Mountain Road Wausau, WI 54401 715-359-4522
SOUTH CENTRAL REGION (SCR)				
Columbia Crawford Dane Dodge	Grant Green Iowa	Jefferson LaFayette Richland	Rock Sauk	WDNR South Central Regional Headquarters 3911 Fish Hatchery Road Fitchburg, WI 53711 608-275-3266
SOUTHEAST REGION (SER)				
Kenosha Milwaukee	Ozaukee Racine	Sheboygan Walworth	Washington Waukesha	WDNR Southeast Regional Headquarters 2300 N. Martin Luther King Drive Milwaukee, WI 53212 414-263-8500