Note: In order to fill and save this form electronically, it must be opened using Adobe Reader or Acrobat software. Save a copy of the file, open Adobe Reader, select File > Open and browse for the file you saved.

State of Wisconsin Department of Natural Resources dnr.wi.gov

# Notice of Termination (NOT) WPDES General Permit Discharge

Form 3400-221 (R 10/22)

**Notice:** This Notice of Termination (NOT) form is authorized by s. NR 203.136(3), Wis. Adm. Code and s. 283.53, Wis. Stats. The landowner, responsible executive or municipal officer, manager, partner, proprietor, or duly authorized representative shall submit this form to the Department of Natural Resources (Department) to certify that the permittee no longer claims coverage under any specified WPDES general permit for discharge to the waters of the state of Wisconsin. Submittal of this form constitutes notice that the party identified in Section I of this form is no longer authorized to discharge wastewater associated with the specified WPDES general permit. Termination of coverage will be effective when confirmed by the Department to the permittee.

Please read all instructions on page 2 of this form before completing it. All necessary information must be provided on this form. Failure to complete this form correctly may result in rejection of this form by the Department. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records law (ss. 19.31 - 19.39, Wis. Stats.).

Please type or clearly print your answers	to all ques	stions.									
Section I: WPDES Permittee Responsib	le for Pollu	utant Disch	narge	<b>.</b>							
WPDES Permittee (first and last name and org., co. or entity)			Authorized Representative (first and last name and title)								
Mailing Address				City					State	ZIP Code	
Email Address			Phone Number (area code)				Alternative Phone Number				
Castion II. Duringt on Facility City Inform											
Section II: Project or Facility Site Information Project or Facility Site Name				WPDES Permit # Fac					cility Identification (FID)		
Location Address/Description	City	/				State		Code	Cou	nty	
GPS Location: Latitude Long (decimal degrees)	itude	Townsh	ip N	Range	 ⊝ E ⊝ W	OE		Quarter C		Quarter-Quarter	
NOTE: If the facility was sold or transferred, new site, please reapply for WPDES general Section IV: Certification & Signature For this form and all required information and	l permit cov	verage for th	ne ne	w project	or facili	ty site.	<i>,</i>		·		
new site, please reapply for WPDES general Section IV: Certification & Signature	l permit cov	verage for th	ne ne	w project	or facili	ty site.	<i>,</i>		·		
were prepared under my direction or supervevaluate the information submitted. Based or responsible for gathering the information, the complete. I am aware that there are significating imprisonment for knowing violations.	ision with a on my inquir e informatio	system des by of the person submitted	signe son d I is, t	d to assur or persons o the best	e that on the control of the control	jualified anage ti knowled	perso he sy ge ar	onnel pro stem, or nd belief,	operly g those p true, ac	ather and persons directly ccurate, and	
Additionally, I understand that by submitting discharge and does not discharge wasteward wastewater associated with the specified W discharge is not authorized by a WPDES per submitted by a WPDES	er associate PDES gene	ed with the	spec	ified WPD	ES gen	eral per	mit; a	and that	dischar	ging pollutants in	
<b>NOTE:</b> This form must be signed by a landoduly authorized representative as described its rejection.											
Printed Name of WPDES Permittee/Au	thorized Re	presentative	<del></del>	Title							
Signature of WPDES Permittee/Authori	zed Repres	entative	_	Date Sig	gned						

Mail this completed form to the appropriate Wisconsin Department of Natural Resources office in the region where the facility is located. See the instructions on page 2 of this form for regional office addresses.

# Notice of Termination (NOT) WPDES General Permit Discharge

Form 3400-221 (R 10/22)

### Instructions

## Section I: WPDES Permittee Responsible for Pollutant Discharge

A permittee is defined as a person holding fee title, an easement or interest in the property or responsible executive or municipal officer, manager, partner, or proprietor with authority that allows the person to undertake permitted activities on the property. Please provide the legal name of the person, company, organization, or any other entity that is the landowner, responsible executive or municipal officer, manager, partner, or proprietor and the legal name of the person who is the delegated signatory to be a duly authorized representative regulated under the specified WPDES general permit. The mailing address and phone number given should be for the landowner, responsible executive or municipal officer, manager, partner, proprietor or duly authorized representative.

#### **Section II: Project or Facility Site Information**

Provide the name and location of the facility or project site as it appears on the Department general permit coverage letter. Additionally, provide the WPDES permit number for the pollutant discharge at the project or facility site and, if known, provide the Facility Identification (FID) 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 will need to reapply for WPDES general permit coverage. If new owners or operators are continuing activity at this site, you will need to fill out a Transfer of Coverage (Form 3400-222). The WPDES general permit coverage is not transferable to any person except after notice to the Department.

### Section III: Certification & Signature

State regulations (s. 283.37, Wis. Stats) provide for severe penalties for submitting false information on this form. State regulations require this form to be signed as follows:

- 1. For a corporation, by a principal executive officer of at least the level of vice president or by the principal executive officer's authorized representative responsible for the overall operation of the point source for which a permit is sought.
- 2. For a limited liability company, by a member or manager.
- 3. For a partnership, by a general partner.
- 4. For a sole proprietorship, by the proprietor.
- 5. For a unit of government, by a principal executive officer, ranking elected official or other duly authorized representative.

Sign the form, print or type the name of the individual signing the form and the date of signature.

#### **Mailing Address**

Unless otherwise directed, mail this completed form to the Wisconsin Department of Natural Resources office associated with the county of the facility site or discharge 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 Northern Regional Headquarters Attn: Wastewater GP Program 810 W Maple St Spooner, WI 54801 715-635-2101						
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 Attn: Wastewater GP Program 2984 Shawano Ave Green Bay, WI 54313 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 West Central Regional Headquarters Attn: Wastewater GP Program 1300 W Clairemont Ave Eau Claire, WI 54701 715-839-3700						
South Central Region (SCR)										
Columbia Dane Dodge	Grant Green Iowa	Jefferson LaFayette Richland	Rock Sauk	WDNR South Central Regional Headquarters Attn: Wastewater GP Program 3911 Fish Hatchery Rd Fitchburg, WI 53711 608-275-3266						
Southeast Region (SER)										
Kenosha Milwaukee	Ozaukee Racine	Sheboygan Walworth	Washington Waukesha	WDNR Southeast Regional Headquarters Attn: Wastewater GP Program 1027 W St. Paul Ave Milwaukee, WI 53233-2641 414-263-8500						