



**NOTICE OF TERMINATION**  
**Discharges of Small MS4s to Waters of The United States**  
**AZPDES Permit No. AZG2002-002**

Submission of this Notice of Termination (NOT) constitutes notice that the party identified on this form is terminating coverage under the AZPDES general permit, and authorization to discharge aquatic pesticides to waters of the U.S. terminates at midnight on the day the NOT is post-marked for delivery to ADEQ.

**ALL REQUESTED INFORMATION MUST BE PROVIDED.** Submit this form to:

**Surface Water Permits Unit – MS4 NOT**  
**Arizona Department of Environmental Quality**  
**Water Permits Section**  
**1110 W. Washington, Phoenix, AZ 85007**

**I. PERMIT INFORMATION**

AZPDES Authorization Number \_\_\_\_\_

Name of applicant on Notice of Intent (NOI) submitted to ADEQ \_\_\_\_\_

Address of applicant on NOI submitted to ADEQ \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_ **Check Here** if you are no longer the Owner/Operator of the facility

If checked, provide the following information concerning the new Operator/Owner:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address/Location: \_\_\_\_\_

City: \_\_\_\_\_ State: |\_\_| |\_\_| Zip Code: \_\_\_\_\_

\_\_\_ **Check Here** if the stormwater discharge is being terminated

\_\_\_ **Check Here** if the stormwater discharge is being covered under another AZPDES individual or general permit

If checked, provide the permit number \_\_\_\_\_

**II. CERTIFICATION**

This certification must be signed by the appropriate party as specified in Part VI.L. of the general permit.

*"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."*

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_