



REQUEST FOR PERMIT TERMINATION FORM

COMPLETE APPLICATION BY PRINTING OR TYPING.
PLEASE MAKE A PHOTOCOPY FOR YOUR RECORDS.

MPCA USE ONLY		
Application Number		
MN		
Date Received		
Month	Day	Year

FACILITY INFORMATION

Facility Owner and/or Operator Public Entity, City, or Business Firm legally responsible for facility operation [see Minn. R. 7001.0050]

Permittee Name: _____ Phone: () _____

Mailing Address: _____ City: _____

State: _____ Zip: _____

Facility Location Actual physical location of facility - must use actual street or highway address (or Section/Township/Range coordinates). No Post Office Boxes allowed.

Facility Name: _____ Phone: () _____

Contact Person (Operator, Plant Manager, City Official) _____ Title: _____

Location Address: _____ *For multi-site permits indicate "NA".*

City: _____ State: _____ Zip: _____

REASON FOR TERMINATION REQUEST

NPDES or SDS permit number for this facility: MN

- Discharge termination Facility closed
- Discharge routed to sanitary sewer Other _____
- Discharge no longer requires permit _____

Briefly describe reason for termination request _____

SIGNATURE

Federal regulations (Section 309(c)(2) of the Clean Water Act and State regulations (Minn. R. 7001.0070) require the authorized signer to be one of the following:

- A. For corporation, a principal executive officer of at least the level of vice president;
- B. For a partnership or sole proprietorship, a general partner or the proprietor, respectively; or
- C. For a municipality, State, Federal, or other public facility, either a principal executive officer or ranking executive official.
- D. If the operator of the facility is different than the owner, both the operator and the owner according to items A to C.

"I understand that the submittal of this Request for termination does not release me from liability for any violations of this permit or the Clean Water Act".

"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 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".

PRINTED NAME _____ TITLE _____

AUTHORIZED SIGNATURE _____ DATE _____

Please return to: Minnesota Pollution Control Agency, Beckie Olson, Industrial Division, 520 Lafayette Road North, St. Paul, MN, 55155-4194