



NOTICE OF TERMINATION
Oklahoma Department of Agriculture, Food, and Forestry
Agriculture Pollutant Discharge Elimination System (AgPDES)

AEMS 099
September 27, 2013
Rev. 6/2015

**Notice of Termination (NOT) of Coverage Under the 2011 Pesticide
General Permit (PGP) for Discharges from the Application of
Pesticides**

A. Permit Information

1. Permit Number:

2. Reason for Termination

You have ceased all discharges from the application of pesticides for which you obtained permit coverage and you do not expect to discharge during the remainder of the permit term.

You have obtained permit coverage under an NPDES/AgPDES individual permit or alternative NPDES/AgPDES general permit for all pesticide discharges requiring NPDES/AgPDES permit coverage.

A new Operator has taken over decision-making responsibility for the pest control activities covered under an existing NOI. Provide the transfer date and the new Operator information.

Date of Transfer: [Click here to enter a date.](#)

New Operator Name:

New Operator Address: Street City

State Zip Code

Telephone Email

B. Operator Information

1. Operator Name

2. Mailing Address

Street

City State ZIP Code

Telephone Fax

Contact Name

E-mail

C. Certification

I certify under penalty of law that I have met at least one of the reasons for terminating permit coverage listed in Section A above. I understand that by submitting this Notice of Termination, I am no longer authorized to discharge pesticides to waters of the United States. This document and all attachments were prepared under my direction and supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. On the basis of 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 or imprisonment. Additionally, I understand that the submittal of this Notice of Termination does not release a pesticide Operator from liability for any violations of the Clean Water Act.

Printed Name

Title

E-Mail

Signature/Responsible Official _____ Date _____

NOT Preparer (Complete if NOT was prepared by someone other than the certifier)

Preparer Name

Organization

Phone

Date [Click here to enter a date.](#)

E-Mail

INSTRUCTIONS FOR COMPLETING THE NOTICE OF TERMINATION (NOT) OF COVERAGE UNDER THE PESTICIDE GENERAL PERMIT (PGP) FOR DISCHARGES FROM THE APPLICATION OF PESTICIDES

Who Must File an NOT Form?

Any Operator required to submit a Notice of Intent (NOI) is required to submit a Notice of Termination (NOT) to end coverage under the Pesticide General Permit. However, if ODAFF notifies the Operator to apply for an NPDES individual permit or alternative general permit, coverage under this permit terminates automatically. Dischargers automatically covered under this permit as identified in Part 1.2.3 of the permit are likewise automatically terminated upon permanent cessation of discharge consistent with any of the criteria identified in Part 1.2.5.3 of the permit. As required in the permit, only certain Operators that are also Decision-makers must submit NOIs.

If you have questions about whether you need to file an NOT or questions about completing the form please contact ODAFF AEMS at 405-522-5495.

When to File the NOT Form?

Operators must file the NOT form within 30 days after one or more of the reasons for termination occur. See NOT Section A.2 and Permit Part 1.2.5.2.

Where to File the NOT Form?

**ODAFF
AEMS Division
P.O. Box 528804
Oklahoma City, OK 73152
FAX (405) 522-6357**

Completing the NOI Form

To complete this form, type or print in uppercase letters in the appropriate areas only. Make sure you complete all questions. Make sure you make a photocopy for your records before you send the completed original form to the address above.

Section A. Permit Information

1. Enter the existing NPDES Permit Tracking Number assigned to your operation.
2. Select the appropriate box to indicate why you are submitting an NOT to end permit coverage. Select one of the three termination options.
 - a) Select this box if you have ceased all discharges from the application of pesticides for which you obtained permit coverage and you do not expect to discharge during the remainder of the permit term.
 - b) Select this box if you have obtained NPDES individual permit coverage or alternative NPDES permit coverage.
 - c) Select this box if a new Operator has taken over decision-making responsibility of pest control activities covered under an existing NOI and you are no longer the Operator. Provide the date of transfer and the name and contact information of the new Operator.

Section B. Operator Information

1. Provide the full legal name of the person, firm, public organization, or other entity that is the Operator who is the Decision-maker for the pesticide application described in this application.
2. Provide the Operator's mailing address and telephone number. Correspondence will be sent to this address.
3. Provide a contact person's full legal name and e-mail address. This person will be contacted regarding any NOT communication.

Section C. Certification

Carefully read the certification statement. By completing and submitting the NOT, the Operator certifies that every applicable general permit requirement will be met. Provide the printed full legal name, title and email address of the certifier. Sign and date the form. (Note: An unsigned or undated NOT form will prevent the termination of permit coverage.)

Federal statutes provide for severe penalties for submitting false information on this application form. Federal regulations require this application to be signed as follows.

For a corporation, by a responsible corporate officer, which means:

- (i) president, secretary, treasurer, or vice president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or
- (ii) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions that govern the operation of the regulated activity including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

For a partnership or sole proprietorship: by a general partner or the proprietor; or for a municipal, state, federal, or other public facility: by either a principal executive or ranking elected official.

If the NOT was prepared by someone other than the certifier (for example, if the NOT was prepared by the PDMP contact or a consultant for the certifier's signature), include the name, organization, phone number and e-mail address of the NOT preparer.