



**NOTICE OF TERMINATION (NOT)
Pesticide General Permit, (UTG170000)**

A. Termination Information

1. Your UPDES Permit Number: _____
2. Reason(s) for termination:
 - a. 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. Your applications are below the permit's treatment area threshold for your pesticide use.
 - c. You have obtained permit coverage under an alternative UPDES permit for all pesticide discharges requiring permit coverage.
 - d. A new Operator has taken over decision-making and/or financial responsibility for the pest control activities. Please provide new operator's information, if known.

New Operator's Name: _____ Phone: _____

B. Permittee's Contact Information

1. Name/Agency: _____
Street Address: _____
City: _____ State: _____ Zip code: _____
Telephone: (____) _____ - _____ Email: _____

C. Certification

I certify 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 state.

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 violation of the Clean Water Act or State of Utah requirements.

Printed Name: _____ Title: _____

Signature/Responsible Official: _____ Date: _____

Who is Required to submit a NOT?

Please refer to Part I.D.9, of the permit.

Where to Submit the NOT?

Mail

Utah Department of Environmental Quality
Division of Water Quality
Attn: Pesticide Permit Coordinator
PO Box 144870
Salt Lake City, UT 84114-4870

Email

dghall@utah.gov

Hand Delivered

Utah Department of Environmental Quality
Division of Water Quality
195 North 1950 West (MASOB)
Salt Lake City, Utah 84114-4870

Electronic Submission Portal

<https://deq.utah.gov/water-quality/water-quality-electronic-submissions>

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