NOTICE OF TERMINATION
Utah Pollutant Discharge Elimination System,
Concentrated Animal Feeding Operation (CAFO) General Permit,
Permit Number UTG08000

Submission of this Notice of Termination (NOT), upon approval by the Division of Water Quality, terminates permit coverage for

UPDES CAFO General Permit Coverage for (*Facility Name)* _____,

CAFO General Permit Number UTG_____.

Required NOT Content (Attach additional pages if needed)				
1. Name(s) of responsible owners and operators.	1.			
	2.			
2. Two contact phone numbers, if available.	1.		2.	
3. Facility name.				
4. Type of facility (dairy, beef feedlot, etc.).				
5. Facility physical address.	Street Address:			
	Town/City, State, Zip:			
	Other location: (milepost, etc)			
	County:			
6. Why is the facility terminating permit coverage?				
7. Is the facility closed or soon to be out of operation?	Yes	No	If Yes, Closure Date:	If No, Expected Closure Date:
8. Will the facility be open/re-opened within one year of this termination notice?	Yes	No		
9. Was the facility sold or transferred to another entity that desires or requires CAFO permit coverage?	Yes	No	If yes, who:	
10. If the facility has ceased operation, are the waste storage, treatment and handling structures and facilities properly closed to prevent discharge to surface waters of the State?				
11. An annual report must be submitted with this NOT, even if the facility's last year of coverage was less than one year.	Attach the annual Report with this NOT.			

Applicant Signature

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 gather and evaluate 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.

I certify that my facility no longer requires coverage under the CAFO General Permit.

_____	_____	_____
Signature	Date	Print Name