

**NOT**

Notice of Termination (NOT) for Coverage Under the UPDES General Permit for Concentrated Animal Feeding Operations, UPDES Permit No.UTG080000.

Submission of this NOT constitutes notice that the operator/facility identified in section I of this form is no longer covered under the UPDES General Permit for Concentrated Animal Feeding Operations, UPDES Permit NO. UTG080000

**I. Facility/Operator Information**

UPDES Permit No. \_\_\_\_\_

Name and location of facility (Include County name) \_\_\_\_\_

Facility mailing address (if different from physical address) \_\_\_\_\_

Telephone Number \_\_\_\_\_ Name of Operator \_\_\_\_\_

**II. Reason for the Termination of Permit Coverage**

Reason for permit termination (attach additional sheets if necessary) \_\_\_\_\_

**III. Certification**

I certify under penalty of law that all concentrated animal feeding operations at the above facility that are authorized by the UPDES General Permit for Concentrated Animal Feeding Operations, UPDES Permit No. UTG080000 have been eliminated or that I am no longer the operator of the facility. I understand that by submitting the Notice of Termination, I am no longer covered under the general permit. I also understand that the submittal of this notice of termination does not release an operator from liability for any violations of this permit or the Water Quality Act.

Name (print) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date(mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Where to File the NOT Form:**

**Division of Water Quality  
288 North 1460 West  
P.O. Box 144870  
Salt Lake City, UT 84114-4870**