

**ATTACHMENT B**



**DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES**  
**NOTICE OF TERMINATION (NOT)**  
of Coverage Under the SWD General Permit for  
Storm Water Discharges Associated with Construction Activities

This form is required to be submitted when a discharge permit is no longer required or necessary. Submission of this form shall in no way relieve the permittee of permit obligations required prior to submission of this form. Please submit this form to the following address:

original to: SD Department of Environment and Natural Resources  
Surface Water Quality Program  
PMB 2020  
523 East Capitol Avenue  
Pierre, South Dakota 57501-3181  
Telephone: (605) 773-3351 or 1-800-SDSTORM

**I. Primary Contact Information:**

Company Name: \_\_\_\_\_  
Primary Contact Person: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**II. Mailing Address of Facility/Site Location**

Project Name: \_\_\_\_\_  
Primary Contact Person: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**III. Permit Number:** \_\_\_\_\_

*I certify under penalty of law that all storm water discharges associated with construction activity from the identified facility that are authorized by a SWD general permit have been eliminated. I understand that by submitting the Notice of Termination, I am no longer authorized to discharge storm water associated with construction activity under this general permit, and that discharging pollutants in storm water associated with construction activity to waters of the state is unlawful under the federal Clean Water Act and the South Dakota Water Pollution Control Act if the discharge is not authorized by a SWD 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 South Dakota Water Pollution Control Act. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

**NOTE:** NOT shall be signed by the authorized chief elective or executive officer of the applicant, or by the applicant, if an individual.

Name (print) \_\_\_\_\_ Title \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR DENR USE ONLY</b>		
Postmark Date: _____	Date Terminated: _____	Initials: _____