



RHODE ISLAND POLLUTANT DISCHARGE ELIMINATION SYSTEM (RIPDES)

NOTICE OF TERMINATION (NOT)

**STORM WATER GENERAL PERMIT
FOR INDUSTRIAL ACTIVITY
(Excluding Construction Activity)
(Revision - 1/03)**

RIPDES Permit Authorization to be terminated: No. RIR _____

I. OWNER

Name:			
Mailing Address:			
City:	State:	Zip:	Phone: ()
Contact Person:	Title:		

II. OPERATOR (if different from Owner)

Name:			
Local Mailing Address:			
City:	State:	Zip:	Phone: ()
Contact Person:	Title:		

III. FACILITY INFORMATION

Facility Name:			
Facility Address:			
City:	State:	Zip:	Phone:
Latitude (to nearest 15 sec.) __ Deg. __ Min. __ Sec.		Longitude (to nearest 15 sec.) __ Deg. __ Min. __ Sec.	

IV. OWNER CERTIFICATION

I certify under penalty of law that all storm water discharges associated with industrial activity from the facility that are authorized by the General Permit have been eliminated. The burden of operating in compliance with applicable RIPDES Regulations is my responsibility. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
Print Owner Name	_____
Print Owner Title	_____
Signature	_____ Date _____