



Notice of Termination Form

To Cancel Coverage Under A Concentrated Animal Feeding Operation General Permit

If you no longer have a discharge, use this form to request cancellation of your permit coverage. See permit special condition S2.E for specific requirements.

DEPARTMENT OF ECOLOGY

I. Permit Information

Permit Number: WAG994349		AUG 19 2021
Permittee's Name: Jeff & Suzanne Snyder		WATER QUALITY PROGRAM
Company: Snyder Farms LLC		
Mailing Address: 1956 Hampton Road		
City: Everson	State: WA	Zip: 98247
E-Mail: SnyderFarmsLLC@aol.com	Phone: 360-815-0382	

II. Eligibility to Cancel Permit Coverage

Select the reason for requesting cancellation of permit coverage (see permit special condition S2.E):

The Permittee can document that they no longer have a discharge from their production area or land application fields.

The Permittee did not have a discharge but voluntarily obtained permit coverage, no longer wants to be covered by the CAFO permit, and the Permittee has no discharge from their production area or land application fields.

The Permittee operates a CAFO and reduces the CAFO size to a small CAFO pursuant to special condition S1 Table 2: CAFOs Required to Obtain Permit Coverage.

The Permittee no longer meets the definition of a CAFO pursuant to special condition S1 Table 2: CAFOs Required to Obtain Permit Coverage.

III. Certification

"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 gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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."

Print Name: SUZANNE Snyder JEFF Snyder

Signature: *Suzanne Snyder* *Jeff Snyder* **Date:** 8/11/21

Send completed termination forms to:
 Washington Department of Ecology
 Water Quality Program
 Attn: CAFO Permit Administrator
 PO Box 46700
 Olympia, WA 98504-7600

To ask about the availability of this document in a format for the visually impaired, call the Water Quality Program at (360) 407-6401. Persons with hearing loss may call 711 for Washington Relay Service. Persons with a speech disability may call (877) 833-6341.

Questions?

Contact the CAFO Permit Administrator at (360) 407-6600 or cafopermit@ecy.wa.gov.
 ECY 070-566 (Rev. 03/17)