



Notice of Termination Form 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.D for specific requirements.

I. Permit Information

Permit Number:		
Permittee's Name:		
Company:		
Mailing Address:		
City:	State:	Zip:
E-Mail:	Phone:	

II. Eligibility to Cancel Permit Coverage

Select the reason for requesting cancellation of permit coverage

(see permit special condition S2.D)

- 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:

Signature:

Date:

Instructions for Notice of Termination Form

Concentrated Animal Feeding Operation General Permit

Submit a Notice of Termination Form to the Department of Ecology when you no longer have a discharge from your operation. See permit special condition S2.D for specific requirements.

- I. Permit Information** Provide the permit number, name, address, and telephone number of the Permittee (person who is responsible for the permit coverage). Ecology sends this person the final fee invoice.
- II. Eligibility to Cancel Permit Coverage** Select the reason that the Permittee is eligible to have their permit coverage cancelled.
- III. Certification** Read this statement carefully. The Permittee must print his or her name for clarity, then sign and date the document on the lines provided. Refer to General Condition G11 for State-Only Permit or G14 for Combined Permit in the permit for signatory requirements.

Once you complete and sign the form, send it to:

Washington Department of Ecology
Water Quality Program
Attn: CAFO Permit Administrator
PO Box 47600
Olympia, WA 98504-7600

Questions?

Contact the CAFO Permit Administrator at 360-764-0890 or cafopermit@ecy.wa.gov.

ADA Accessibility

To request an ADA accommodation, contact Ecology by phone at 360-407-6600 or email at cafopermit@ecy.wa.gov, or visit <https://ecology.wa.gov/accessibility>. For Relay Service or TTY call 711 or 877-833-6341.