

State of Georgia
Department of Natural Resources
Environmental Protection Division
NOTICE OF TERMINATION (NOT)
General NPDES Permit For Discharges of Aquatic Pesticides to Waters of the State
GAG820000

I. Operator Information:

Operator Name: _____

Mailing address:

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail _____

Contact Name: _____

II. Basis for Termination (check one only):

- A new operator has taken over responsibility for the past treatment.
- You have ceased aquatic pesticide application for which you obtained permit coverage or there is not or no longer will be pesticide discharge.

III. Certification:

I certify under penalty of law that I have met at least one of the reasons for terminating permit coverage listed in Section II above. I understand that by submitting this Notice of Termination, I am no longer authorized to discharge pesticides to waters of the State as described in the NOI. This document and all attachments were prepared under my direction and supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. 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 or imprisonment. Additionally, I understand that the submittal of this Notice of Termination does not release a pesticide applicator from liability for any violations of the Georgia Water Quality Act.

Signature/Responsible Official: _____ Date: _____

Printed Name: _____

Title: _____

E-Mail: _____