



**Salt Lake City Department of Public Utilities
Storm Water Division
1530 S. West Temple
Salt Lake City, Utah 84115**

Date Received: _____

Storm Sewer Industrial Discharge Permit – Notice of Termination

SLC NOTICE OF TERMINATION (NOT)
ALL NECESSARY INFORMATION MUST BE PROVIDED ON THIS FORM

This Notice of Termination (*NOT*) for Storm Water Discharges Associated with **Industrial Activities** under the *Salt Lake City Municipal Separate Storm Sewer System (MS4) UPDES Permit UTS000002* is for terminating all new and existing point source discharges (to Waters of the State) of storm water associated with industrial activity identified under the coverage sections contained in Appendix I of the UPDES Multi-Sector General Permit (MSGP) for Storm Water Discharges Associated with Industrial Activities.

Submission of this Notice of Termination (*NOT*) constitutes notice that the party(s) identified in Section II of this form are no longer authorized to discharge storm water associated with industrial activities under the *Salt Lake City Storm Sewer Industrial Discharge (SSID) Permit*.

Submission of this NOT does not relieve the property owner of any obligations associated with Long-Term Storm Water Management (LTSWM) of runoff from parcel number _____.

The property owner shall comply with all terms and conditions of the Salt Lake City Storm Water Ordinance Title 17.84, and the Salt Lake City MS4 UPDES permit UTS000002 including annual inspection and maintenance of all LTSWM Best Management Practices (BMPs).

I. PERMIT INFORMATION

SSID NO. _____

PUT NO. _____

UPDES NO. _____

No longer the Operator/Owner at the facility:
 (Identify the new Operator/Owner below)

Owner verification of Long-Term Storm Water Management BMPs
 by qualified inspector completed:

II. FACILITY OWNER / OPERATOR INFORMATION

Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

III. FACILITY SITE / LOCATION INFORMATION

Name: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Latitude: _____ Longitude: _____



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IV. CERTIFICATION (Permit Termination; Operational Control Release; Agreement for Inspection and Maintenance of LTSWM Controls; Consent for Access)

I certify under penalty of law that either: (a) all storm water discharges associated with industrial activity from the portion of the identified facility where I was an operator have ceased or have been eliminated or (b) I am no longer an operator at the industrial site and a new operator has assumed operational control for those portions of the industrial site where I previously had operational control. I understand that by submitting this notice of termination, I am no longer authorized to discharge storm water associated with industrial activity under this general permit and that discharging pollutants in storm water associated with industrial activity to waters of the State is unlawful without this permit under the State of Utah Water Quality Act. 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 Water Quality Act.

Signature of Operator (permittee): _____

Print Name Date

I further certify under penalty of law that to my best knowledge all Long-Term Storm Water (LTSWM) BMPs designed for this parcel were installed to meet design specifications, or if field-altered to meet site restrictions, still adhere to design considerations. I understand that the submittal of this notice of termination does not release the facility from liability for any violations of this permit or the Water Quality Act, now or in the future.

I acknowledge and agree to perform and submit an annual inspection report for all LTSWM BMPs as a qualified inspector, or to retain a qualified inspector to perform such inspections. I further agree and consent to City’s access of the site for any required inspection and/or LTSWM compliance purposes. I acknowledge and agree that this annual inspection obligation is my obligation that must be assumed and assigned to any future owner of the site.

Signature of Current Property Owner of Record: _____

Print Name Date

V. VERIFICATION OF BALANCES PAID

All balances (fees, fines, penalties, etc.) must be paid to the City before submitting any Notices of Termination for a permitted facility. Failure to complete this verification and to pay all unpaid balances may result in additional inspections and subsequent costs-incurred which will be recovered from the owner/operator.



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Instructions for Completing *Notice of Termination (NOT)* Form

Who Should File A *Notice of Termination (NOT)* Form?

Permittees who are presently covered under the City's Storm Sewer Industrial Discharge (SSID) Permit, as identified in Section I, should submit a *Notice of Termination (NOT)* form when their facilities no longer have any storm water discharges associated with industrial activity as defined in the storm water regulations at UAC R317-8-3.9(b) (c) and (d), or when they are no longer the operator of those facilities.

Where to File *NOT* Form

This form can be submitted electronically to Stormwaterquality@slc.gov; if submitting hardcopy, please send this form to the following address:

**Salt Lake City Public Utilities
1530 S. West Temple
Salt Lake City, Utah 84115
Attn. Storm Water Quality**

Completing the Form

Type or print using black ink to complete this form. If you have any questions about this form, contact the Salt Lake City Department of Public Utilities Storm Water Quality Division at 801-483-6700.

SECTION I – PERMIT INFORMATION

Enter the existing Storm Water and PUT Permit numbers assigned by the City to the facility identified in Section III. If you do not know the permit numbers, contact Salt Lake City Public Utilities Storm Water Division, 801-483-6700. Indicate your reason for submitting this *Notice of Termination (NOT)* by checking the appropriate box. If there has been a change of operator and you are no longer the operator of the facility or site identified in Section III, check the corresponding box.

SECTION II – FACILITY OPERATOR INFORMATION

In this section give the legal name of the person, firm, public organization, or any other entity that has filed as an operator at the facility or site that desires to terminate coverage. The name of the operator may or may not be the same name as the facility and/or owner.

SECTION III – FACILITY /SITE LOCATION INFORMATION

Enter the facilities or site's official or legal name and complete address, including city, state, ZIP code, latitude and longitude of the facility (to the nearest 15 seconds of the approximate center of the site). It is preferred that the location address be the same as that which was used in the submission of the *NOI*.



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SECTION IV – CERTIFICATION

State statutes provide for severe penalties for submitting false information on this application form. State regulations require this application to be signed as follows:

For a corporation: by a responsible corporate officer, which means: (i) president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions, or (ii) the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 2008 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;

For a partnership or sole proprietorship: by a general partner or the proprietor, respectively; or

For a municipality, State, Federal, or other public facility: by either a principal executive officer or ranking elected official.