



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460
NOTICE OF TERMINATION (NOT) OF COVERAGE UNDER THE PESTICIDE GENERAL PERMIT
(PGP) FOR DISCHARGES FROM THE APPLICATION OF PESTICIDES

Form Approved
OMB No.
2040-NEW

Electronic Submission Waiver (skip if using eNOI)

☐ I hereby acknowledge my waiver request from the use of EPA's electronic Notice of Intent system (eNOI) because my use of eNOI will incur undue burden or expense over my use of this paper Notice of Termination form.

Briefly describe the reason why use of the electronic system causes undue burden or expense.

A. Permit Information

1. NPDES Permit Tracking Number:

2. Reason for termination (check one only):

- ☐ a. You have ceased all discharges from the application of pesticides for which you obtained permit coverage and you do not expect to discharge during the remainder of the permit term.
- ☐ b. You have obtained permit coverage under an NPDES individual permit or alternative NPDES general permit for all pesticide discharges requiring NPDES permit coverage.
- ☐ c. A new Operator has taken over decision-making responsibility for the pest control activities covered under an existing NOI. Provide the transfer date and the new Operator information. Date of transfer:

New Operator Name:

Street:

City: State: ZIP Code:

Telephone: ext

E-mail:

B. Operator Information

1. Operator Name:

2. IRS Employer Identification Number (EIN):

3. Mailing Address:

Street:

City: State: ZIP Code:

Telephone: ext

4. Contact Name:

E-mail:

I certify under penalty of law that I have met at least one of the reasons for terminating permit coverage listed in Section A above. I understand that by submitting this Notice of Termination, I am no longer authorized to discharge pesticides to waters of the United States. 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. On the basis of my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the 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 or imprisonment. Additionally, I understand that the submittal of this Notice of Termination does not release a pesticide Operator from liability for any violations of the Clean Water Act.

Signature/Responsible Official: _____ Date: | | | / | | | / | | |

E-Mail:

INSTRUCTIONS FOR COMPLETING THE NOTICE OF TERMINATION (NOT) OF COVERAGE UNDER THE PESTICIDE GENERAL PERMIT (PGP) FOR DISCHARGES FROM THE APPLICATION OF PESTICIDES

Who Must File an NOT Form?

Any Operator required to submit a Notice of Intent (NOI) is required to submit a Notice of Termination (NOT) to end coverage under this permit. However, if DPNR notifies the Operator to apply for an NPDES individual permit or alternative general permit, coverage under this permit terminates automatically. Dischargers automatically covered under this permit as identified in Part 1.2.3 of the permit are likewise automatically terminated upon permanent cessation of discharge consistent with any of the criteria identified in Part 1.2.5.3 of the permit. As required in the permit, only certain Operators that are also Decision-makers must submit NOIs.

If you have questions about whether you need to file an NOT or questions about completing the form, contact the Water Program Manager at DPNR-DEP at (340) 514-1961 on St. Thomas or (340) 773-1082 on St. Croix.

Are fees due when an NOT is filed?

Fees are not due when an NOT is filed. However, timely filing an NOT can decrease the annual discharge fee, which is assessed based on the number of months in a calendar year for which permit coverage was in effect.

When to File the NOT Form?

Operators must file the NOT form within 30 days after one or more of the conditions in Part 1.2.5.2 of the permit have been met.

Where to File the NOT Form?

Send or hand deliver the original NOT with the signature in ink to one of the following addresses:

NOTs must be sent to one of the following addresses, corresponding with the island on which the construction activity covered is located:

STX: VIDPNR
Water Pollution Control Program
ATTN: TPDES Program
45 Mars Hill
Frederiksted, VI 00840

STT & STJ: VIDPNR
Water Pollution Control Program
ATTN: TPDES Program
Charles W. Turnbull Regional Library
4607 Tutu Park Mall
St. Thomas, VI 00802

Please submit the original with a signature in ink – Do Not Send Copies. Also, faxed copies will not be accepted.

Completing the NOT Form

To complete this form, type or print in uppercase letters in the appropriate areas only. Make sure you complete all questions. Make sure you make a photocopy for your records before you send the completed original form to the address above.

Section A. Permit Information

1. Where the NPDES Permit Tracking Number is requested, enter the existing TPDES Permit Tracking Number assigned by DPNR.
2. Select the appropriate box to indicate why you are submitting an NOT to end permit coverage. Select one of the three termination options:
 - a. Select this box if you have ceased all discharges from the application of pesticides for which you obtained permit coverage and you do not expect to discharge during the remainder of the permit term.
 - b. Select this box if you have obtained TPDES individual permit coverage or alternative TPDES permit coverage.
 - c. Select this box if a new Operator has taken over decision-making responsibility of pest control activities covered under an existing NOT and you are no longer the Operator. Provide the date of transfer and the name and contact information of the new Operator.

Section B. Operator Information

1. Provide the full legal name of the person, firm, public organization, or other entity that is the Operator who is the Decision-maker for the pesticide application described in this application.
2. Provide the Operator's IRS Employer Identification Number.
3. Provide the Operator's mailing address and telephone number. Correspondence will be sent to this address.
4. Provide a contact person's full legal name and e-mail address. This person will be contacted regarding any NOT communication.

Section C. Certification

Carefully read the certification statement. By completing and submitting the NOT, the Operator certifies that every applicable general permit requirement will be met. Provide the printed full legal name, title and email address of the certifier. Sign and date the form. (CAUTION: An unsigned or undated NOT form will prevent the termination of permit coverage.) Submitting false information could subject you to severe penalties. Territorial 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 for the corporation, or

(ii) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions that govern the operation of the regulated activity including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where 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; or

For a municipal, state, federal, or other public facility: by either a principal executive or ranking elected official.

If the NOT was prepared by someone other than the certifier (for example, if the NOT was prepared by the PDMP contact or a consultant for the certifier's signature), include the name, organization, phone number and e-mail address of the NOT preparer.

ADDENDUM TO NOTICE OF TERMINATION
EFFECTIVE DATE OF TERMINATION FOR PURPOSES OF DETERMINING 2020 ANNUAL DISCHARGE FEE

You are not required to file this Addendum, but doing so may decrease or eliminate your 2020 annual discharge fee. Submit this to DPNR with your Notice of Termination **no later than October 1, 2020**.

TPDES Permit Tracking No. _____

I request that my permit coverage be terminated effective [insert date] _____ because, on or before that date (check one only):

- ☐ I ceased all discharges from the application of pesticides for which I obtained permit coverage and I do not expect to discharge during the remainder of the permit term.
- ☐ I obtained permit coverage under a TPDES individual permit or alternative TPDES general permit for all pesticide discharges requiring TPDES permit coverage.
- ☐ A new Operator took over decision-making responsibility for the pest control activities covered under an existing NOI.

I certify under penalty of law that this document was 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 the 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.

Name: _____

Title: _____

Signature: _____

Date: _____ Email: _____

EXPLANATION: Starting in 2020, permittees are required to pay an annual discharge fee each year in which they are covered by a TPDES permit. When a permittee terminates permit coverage by filing a Notice of Termination, that year's annual discharge fee will be prorated based on the date DPNR receives the Notice of Termination. For example, if a new Operator took over decision-making responsibility for the pest control activities covered under existing NOI as of January 31, and the permittee filed a Notice of Termination on July 1, they would owe a 6-month discharge fee under our normal rules.

Because permittees did not know that late filing of a Notice of Termination would affect their fees, DPNR is giving permittees a one-time opportunity to request that permit coverage be terminated on the date they complete the activities necessary for termination. Based on accurate information provided to DPNR in this Addendum, 2020 annual discharge fees for terminated permits will be prorated based on when the permit should have been terminated, not when DPNR receives the Notice of Termination.