



Maine Department of Environmental Protection

NOTICE OF TERMINATION (NOT) Discharge of Pesticides to Surface Waters General Permit

For Termination of coverage under MEG230000 Discharge of Pesticides to Surface Waters General Permit

This NOT is subject to General Permit #MEG230000 / WDL #W009129-5Y-A-N, issued by the Maine DEP for use of terrestrial pesticides to reduce a significant risk to public health and safety or risk of widespread economic harm subject to specified conditions, which may result in incidental, unintended, and unavoidable discharges to waters of the State.

1. Property Owner Information (use additional sheets if multiple property owners)

Name:

Mailing Address:

Town:

State:

Zip

Telephone:

E-mail:

2. Decision maker Information (if applicable)

Name/Affiliation:

Mailing Address:

Town:

State:

Zip:

Telephone:

E-mail:

3. Licensed Applicator Information

Name/Affiliation:

Mailing Address:

Town:

State:

Zip:

Telephone:

E-mail:

Maine Board of Pesticides Control License Number:

4. Signature of Applicant

By submittal of this Notice of Termination from to the Department, I am voluntarily terminating coverage for a pesticide treatment program permitted pursuant to the Department’s General Permit for the Discharge of Pesticides to Surface Water of the State. Authorization to discharge under the general permit terminates on the day the signed NOT is received by the Department. I acknowledge that future activities involving the discharge of pesticides to waters of the State are prohibited unless otherwise approved by the Department.

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 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 fines and imprisonment for knowing violations. I further certify that the applicant has sufficient title, right or interest in the property were the proposed activity occurs.

Signature:

Date:

Printed Name:

Assisting Parties: If the applicant has been assisted in preparing this NOI Form, the person(s) assisting must sign below.

Signature:

Date:

Printed Name:

5. Submission of the NOT: Send completed NOT form electronically or hard copy to:

Department of Environmental Protection
Bureau of Water Quality
Attn: Permitting Unit
17 State House Station
Augusta, ME 04333-0017
Gregg.wood@maine.gov

This area for office use only

<u>NOI #</u>	<u>Date Received</u>	<u>Date Accepted</u>	<u>Date Returned</u>
#MEG2300 _____ #WDL-W00 _____-5Y-____-____			