



**NOTICE OF TERMINATION**  
**NPDES GENERIC PERMIT FOR DISCHARGES FROM**  
**PETROLEUM CONTAMINATED SITES**  
**DEP Form 62-621.300(1)(e)**  
 Effective Month, Day, year

**Part I. Instructions**

This Notice of Termination (NOT) form shall be completed and submitted to the wastewater program at the appropriate District Office of the Department to terminate coverage under the NPDES Generic Permit for Discharges from Petroleum Contaminated Sites. The address of the appropriate District Office to which this form is to be submitted can be located at: <https://floridadep.gov/districts>. Electronic submittal is preferred and is available at the DEP Business Portal, <http://www.fldepportal.com/go>. **All NOTs submitted after December 21, 2020 shall be submitted electronically.**

**Part II. Facility Information**

1. Facility ID Number: (e.g. FLG910001) \_\_\_\_\_ 2. Facility Name: \_\_\_\_\_

**Part III. Reason for Termination**

- Project has been completed and/or discharge has ceased.
- No longer operator of the site.
- Site no longer qualifies for coverage under the NPDES Generic Permit for Discharges from Petroleum Contaminated Sites
- Other reason(s): \_\_\_\_\_

**Part IV. Permittee Information**

1. Name: \_\_\_\_\_  
 2. Mailing Address (street or P.O. Box.): \_\_\_\_\_  
 3. City or Town: \_\_\_\_\_ 4. State: \_\_\_ 5. Zip Code: \_\_\_\_\_  
 6. Phone No.: \_\_\_ - \_\_\_ - \_\_\_ 7. Email Address: \_\_\_\_\_

**Part V. Discharge Monitoring Reports - Long Term Discharges**

All Discharge Monitoring Reports (DMRs) required from the above specified facility have been submitted to the Department.

- Yes     No. **Coverage cannot be terminated until all DMRs have been submitted to the Department**

**Part VI. Certification<sup>1</sup>**

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 gather and evaluate 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 & Official Title (type or print)  
 Phone No.: \_\_\_ - \_\_\_ - \_\_\_  
 Email Address: \_\_\_\_\_

\_\_\_\_\_  
 Signature  
 Date Signed: \_\_\_\_\_

<sup>1</sup> Signatory requirements are contained in Rule 62-620.305, F.A.C.