



APPLICATION REQUEST FOR TERMINATION

Permit Information		
Current Authorized Permit (check one):	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px; display: inline-block;">NPDES Direct Discharge</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Pretreatment Discharge</div>	
Permit Number:		
Permittee's name:		
Permittee Information		
Name and Title of authorized representative:		
Mailing address:		
Email:	Phone:	
Facility Information		
Name:		
Address:		
Anticipated Termination Date (must be last day of month):		
<p>I hereby certify that all discharges from activities as described by Permit # _____ have been eliminated and request that coverage be terminated.</p>		
_____	_____	_____
(print name)	(signature)	(date)
<p>This request must be signed by the permittee, his/her legally authorized representative or an officer in the permittee's business. The request CANNOT be signed by the applicant's attorney, engineer, consultant, contractor, etc. unless that person has been designated in writing as the permittee's authorized representative for the purposes of carrying out the requirements of this permit.</p>		
<p>Additional steps for permit termination:</p> <ol style="list-style-type: none"> 1. Monitor reports must be current up until the final month indicated for termination 2. No other outstanding compliance issues 3. All outstanding fees paid 4. Site visit 5. Photos/documentation of eliminated discharge(s) 		
<p>Email completed termination form to jill.draper@vermont.gov</p>		