



**NOTICE OF TERMINATION (NOT)**  
*for Pesticides Application Activity Discharges to Waters of the United States*

Submission of this NOT constitutes notice that the party identified on this form is terminating coverage under the AZPDES Pesticide General Permit. Authorization for pesticides application activity discharges directly to, over, or near waters of the United States terminates at midnight on the day the NOT is received by ADEQ. To terminate your project, mail or deliver a complete and accurate ink-signed NOT to:

**Arizona Department of Environmental Quality**  
**Surface Water Section — Stormwater & General Permits Unit**  
**1110 West Washington, 5415A-1, Phoenix, Arizona 85007**

**I. PERMITTEE INFORMATION**

AZPDES Pesticides Application Authorization Number: AZPEST – \_\_\_\_\_

Name of Operator (Decision Maker) on Notice of Intent (NOI): \_\_\_\_\_

Operator Business / Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**II. PROJECT NAME / DISCHARGE ACTIVITY:** \_\_\_\_\_

**III. REASON FOR TERMINATING COVERAGE:** (Check as applicable)

\_\_\_\_\_ All pesticide discharge activities authorized under the AZPEST number listed in Section I of this Notice of Termination have ceased and are not expected to resume. If pesticide discharge activities resume, I understand I must submit a new Notice of Intent (if required).

\_\_\_\_\_ Permit coverage for the pesticide discharge activity has been obtained under an individual permit or alternative general permit. Provide new permit authorization number: \_\_\_\_\_

\_\_\_\_\_ A new operator has taken over decision-making responsibility for the pesticide application activities. Provide the following information:

New Operator's Authorization Number: \_\_\_\_\_

Transfer Date: \_\_\_\_\_

**IV. CERTIFICATION BY AUTHORIZED SIGNATORY**

*"I certify under penalty of law that all pesticides application activity by the identified facility that is authorized by a general permit has been eliminated or that I am no longer the operator of the facility or pesticides application site. I understand that by submitting this Notice of Termination, I am no longer authorized for pesticides application activity under this general permit, and that discharging pollutants associated with pesticides application activity directly to, over, or near waters of the United States is unlawful under the Clean Water Act where the discharge is not authorized by an AZPDES permit. 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 Clean Water Act."*

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Business / Agency: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_