



Gary W. Black
Commissioner

State of Georgia - Department of Natural Resources

For Official Use Only

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Notice of Termination

ANIMAL FEEDING OPERATIONS

Check one: NPDES Permit No. GAG930000 LAS Permit No. GAU700000

I. FACILITY LOCATION INFORMATION (as it appears on the Notice of Intent)

FACILITY NAME: _____ PHONE: _____

MAILING ADDRESS: _____ CITY: _____ ZIP CODE: _____

STREET/LOCATION ADDRESS: _____

CITY: _____ COUNTY: _____ ZIP CODE: _____

II. FACILITY OWNER-OPERATOR INFORMATION (as it appears on the Notice of Intent)

LEGAL NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

III. SITE ACTIVITY INFORMATION

Is this operation closing yes no If no, how many animal will be kept on the operation _____

Maximum Number and Types of Animals That Were Confined or Fed for Total of 45 Days in any 12 month Period:

Describe the Animal Feeding/Growing Operation:

IV. Reason (s) for submitting Notice of Termination:

V. CERTIFICATION: I certify under penalty of law that all animal feeding operations associated with the identified facility that are authorized by the General NPDES Permit No. GAG9300000 or the General LAS Permit No. GAU700000 have been eliminated, the identified facility has been properly closed in accordance with the approved nutrient management plan, or the owner-operator of the identified facility has changed. I understand that by submitting this Notice of Termination, that I am no longer authorized to operate an animal feeding operation of the size and type associated with the corresponding general permit, and that such operation is unlawful under the Georgia Water Quality Control Act and the Clean Water Act where the operation is not authorized by the appropriate NPDES or LAS permit.

Printed Name: _____

Title: _____

Signature: _____

Date: _____

Mail or fax this completed form to:

Georgia Department of Agriculture, NPDES/LAS Permitting, P.O. Box 7847, Gainesville, Georgia 30504

Phone (770) 535-5955, Fax (770) 531-6483