

ADEM Form 030

Notice of Termination – NPDES General Permit Number ALG870000

Pursuant to ADEM Admin. Code r. 335-6-1-.04 and the NPDES General Permit Number ALG870000, Notices of Termination for NPDES General Permit Number ALG870000 (ADEM Form 030) are currently required to be submitted electronically. ADEM's Alabama Environmental Permitting and Compliance System (AEPACS) at <https://adem.alabama.gov/AEPACS> is now the only method available for electronic submission of such Notices of Termination. The form package include the electronic version of ADEM Form 030 in a human readable format.

Applicants may apply for a waiver from electronic submittal of this form in accordance with ADEM Admin. Code r. 335-6-1-.04(6), but a hardcopy submittal of ADEM Form 030 may not be accepted unless the Department first approves such waiver. **The hardcopy form is also include at the end of this form package.** There may be differences between the electronic versions of the forms due to the availability of conditionality and the ability to prefill data fields.

Pesticides (ALG870000) - Voluntary Termination (Form 030)

Pesticides General Permit (PGP)-Voluntary Termination Request

To properly terminate your permit for pesticide application, a Notice of Termination (NOT) is required to be submitted within thirty (30) days of one of the following conditions:

1. A new Operator has taken over responsibility for the pest treatment.
2. Discharges from the application of pesticides for which permit coverage was obtained have ceased, or there is not or will no longer be a pesticide discharge.
3. Permit coverage has been obtained under an individual or alternative general permit for all pesticide discharges requiring NPDES permit coverage.

Instructions

Please complete all questions and attach all necessary documentation as prompted throughout the application process. Incomplete or incorrect information will delay processing.

*****No Fee Required*****

CONTACT INFORMATION

Main Address

Alabama Department of Environmental Management
Water Division
Stormwater Management Branch
Post Office Box 301463
Montgomery, Alabama 36130-1463

CONTACTS

Phone : 334-271-7836

E-mail : cswmail@adem.alabama.gov

ADDITIONAL LINKS

[Please click here for area assignments and contact information for Special Services staff.](#)

Pesticides (ALG870000) - Voluntary Termination (Form 030)

Form Input

**This form may contain one or more sections or controls that are conditionally displayed based on answers provided in other parts of the form*

Operator Information

Permit Number

Operator Information

Operator Name

Phone Type Number Extension

Home

Mobile

Other

Business

Address Line 1

Address Line 2

City

State/Area

Postal Code

Responsible Official

First Name

Last Name

Title

Contact Name

Phone Type

Number

Extension

Home

Mobile

Other

Business

Email

Address Line 1

Address Line 2

City

State/Area

Postal Code

Basis for Termination

Please select an option below: **Select One*

A new operator has taken over responsibility for the pest treatment.

Discharges from the application of pesticides for which permit coverage was obtained have ceased, or there is not or will no longer be a pesticide discharge.

Permit coverage has been obtained under an individual or alternative general permit for all pesticide discharges requiring NPDES permit coverage.

**This control is conditionally displayed based on answers provided in other parts of the form*

For this termination request to be granted, the Name, Phone Number, Address and Contact of the succeeding operator must be listed, and the succeeding operator must obtain new or modify existing permit coverage

Succeeding Operator

**This control is conditionally displayed based on answers provided in other parts of the form*

First Name	Last Name
<input type="text"/>	<input type="text"/>

Title

Proposed Succeeding Operator

Phone Type	Number	Extension
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>

Email

Address Line 1

Address Line 2

City	State/Area	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide the individual or alternative general permit number:

**This control is conditionally displayed based on answers provided in other parts of the form*

Duly Authorized Representative (DAR)

Pursuant to ADEM Administrative Code Rule 335-6-6-.09 (1), this NOI must be signed by a responsible official, as indicated below:

- (a) In the case of a corporation, by a principal executive officer of at least the level of vice president, or a manager assigned or delegated in accordance with corporate procedures, with such delegation submitted in writing if required by the Department, who is responsible for manufacturing, production, or operating facilities and is authorized to make management decisions which govern the operation of the regulated facility;
- (b) In the case of a partnership, by a general partner;
- (c) In the case of a sole proprietorship, by the proprietor; or
- (d) In the case of a municipal, state, federal, or other public entity by either a principal executive officer, or ranking elected official.

ADEM Administrative Code Rule 335-6-.09(2):

All reports required by permits and other information requested by the Department shall be signed by a person described in paragraph 335-6-6-.09(1) or by a duly authorized representative of that person. A person is a duly authorized representative only if:

- (a) The authorization is made in writing by a person described in paragraph 335-6-6-.09(1);
- (b) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity and;
- (c) The written authorization is submitted to the Department.

Will a duly authorized representative be submitting this Notice of Termination? *Select One

Yes No

DAR Documentation

**This control is conditionally displayed based on answers provided in other parts of the form*

Please attach appropriate documentation meeting the requirements above for a duly authorized representative. The document must be dated within the last 12 months.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

.7Z.7z*.AVI*.avi*.BMP*.bmp*.Bmp*.CSV*.csv*.Csv*.DAT*.dat*.Dat*.DOC*.doc*.Doc*.DOCX*.docx*.Docx*.DWG*.dwg*.Dwg*.EML*.eml*.Eml*.GIF*.gif*.Gif*.GPX*.gpx*.Gpx*.HTM*.

Comment

Confidential (Reason for Confidentiality)

Authorized Rep

**This control is conditionally displayed based on answers provided in other parts of the form*

Prefix

First Name

Last Name

Title

Organization Name

Phone Type

*Only one phone number is accepted

Number

Extension

Home

Mobile

Other

Business

Email

Mailing Address

Address Line 1

Address Line 2

City

State/Area

Postal Code

Country

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

NOTICE OF TERMINATION – NPDES GENERAL PERMIT NUMBER ALG870000

Instructions: This form may be used to submit a Notice of Termination for coverage under NPDES Permit Number ALG870000 **ONLY if the applicant has been granted a waiver from electronically submitting this form pursuant to ADEM Admin. Code r. 335-6-1-.04(6)**. NPDES Permit Number ALG870000 is the general permit authorizing discharges from the application of pesticides. Please complete all questions. Incomplete or incorrect answers, or missing signatures will delay processing.

Mail to: Alabama Department of Environmental Management
 Water Division
 Post Office Box 301463
 Montgomery, Alabama 36130-1463

I. OPERATOR INFORMATION

Operator/Permittee Name		Operator Site Name		NPDES Permit Number
Operator/Permittee Mailing Address			Operator Mailing City, State, Zip Code	
Responsible Official Name	Responsible Official Title	Responsible Official E-Mail Address	Responsible Official Telephone	
Responsible Official Organization Name	Responsible Official Mailing Address	Responsible Official Mailing City, State, Zip Code		

II. BASIS FOR TERMINATION

Please check only one:

A new operator has taken over responsibility for the pest treatment. For this termination request to be granted, the Name, Phone Number, Address and Contact of the succeeding operator must be listed, and the succeeding operator must obtain new or modify existing permit coverage:

Discharges from the application of pesticides for which permit coverage was obtained have ceased, or there is not or will no longer be a pesticide discharge.

Permit coverage has been obtained under an individual or alternative general permit for all pesticide discharges requiring NPDES permit coverage. Please provide the individual or alternative general permit number:

III. DULY AUTHORIZED REPRESENTATIVE (DAR)

If a Duly Authorized Representative will be signing this NOI, the DAR must provide the following information and attach the appropriate documentation meeting the requirements **below** for a duly authorized representative. The document must be dated within the last 12 months

Name (including prefix): _____ Title: _____

Organization Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Signature _____ Date Signed: _____

IV. OPERATOR/RESPONSIBLE OFFICIAL SIGNATURE

“I certify under penalty of law that I have met at least one of the reasons for terminating permit coverage listed in Section III above. I understand that by submitting this Notice of Termination, I am no longer authorized to discharge pesticides to waters of the State. This document and all attachments were prepared under my direction and supervision in accordance with a system designed to ensure 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 fine or imprisonment. Additionally, I understand that the submission of the Notice of Termination does not release a pesticide operator from liability for any violations of ADEM Admin. Code ch. 335-6-6 and the Alabama Water Pollution Control Act.”

Name _____ Official Title _____
Signature _____ Date Signed: _____

Pursuant to ADEM Administrative Code Rule 335-6-6-.09 (1), this NOI must be signed by a responsible official, as indicated below:

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