



DIVISION OF ENVIRONMENTAL QUALITY

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GOVERNOR
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SECRETARY

REQUEST FOR TERMINATION OF NPDES PERMIT

PLEASE NOTE THAT PRIOR APPROVAL FOR POND CLOSURES AND REMOVAL OF WWTP EQUIPMENT MUST HAVE BEEN RECEIVED FROM DEQ AND ALL WORK COMPLETED PRIOR TO SUBMITTAL OF THIS FORM. DOCUMENTATION OF COMPLETION MUST BE SUBMITTED WITH THIS FORM.

I. PERMITTEE INFORMATION

Permit Number: _____ AFIN: _____
Permittee Legal Name : _____
Permittee Mailing Address: _____
City: _____
State: _____ Zip: _____
Telephone Number: _____ Email: _____

II. FACILITY SITE INFORMATION

Facility Name: _____ Facility Contact Person: _____
Facility County: _____ Facility Physical Address: _____
Telephone Number: _____ Facility City: _____ Zip: _____

III. REASON FOR TERMINATION

- Facility is closing
- Facility will be connecting to another WWTP
- Facility has obtained a different permit.
- Facility was not constructed
- Other, please explain _____

IV. PERMIT FEES AND ENFORCEMENT ACTIONS

Are there any outstanding permit fees? Yes No, If yes or unsure, please contact the Office of Water Quality

Are there any current enforcement actions? Yes No, If yes, please explain below:

V. CLOSURE OF WWTP

Unless documentation is provided that the facility was never constructed, Closure Plans must be submitted to and approved by DEQ and the closure activities must be completed prior to submittal of this termination request. Pond closure guidelines can be found here: <https://www.adeg.state.ar.us/water/permits/pdfs/closure.pdf>

For facilities which have removed the WWTP and filled in with approved materials or closed the WWTP in place, the documentation submitted must follow requirements specified by the approved closure plan.

For facilities connecting to a municipality or changing to a different permit, the proper permits and documentation that the change has been made must be submitted with this termination request.

Activity	Date Activity Completed	Documentation of Completion Attached
<input type="checkbox"/> Ponds closed		
<input type="checkbox"/> WWTP removed and replaced with approved materials		
<input type="checkbox"/> WWTP closed in place		
<input type="checkbox"/> Different permit issued		
<input type="checkbox"/> Connection to municipality		
<input type="checkbox"/> N/A – WWTP not constructed	N/A	N/A
<input type="checkbox"/> N/A – WWTP was not used	N/A	N/A

VI. RESPONSIBLE OFFICIAL

"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 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."

Responsible Official Name: _____ Title: _____

Responsible Official Signature: _____ Date: _____

NOTE: This form can be submitted via mail or electronic mail to Water-Permit-Application@adeq.state.ar.us.