

RHODE ISLAND POLLUTANT DISCHARGE ELIMINATION SYSTEM (RIPDES) NON-CONTACT COOLING WATER GENERAL PERMIT (NCCW GP) NOTICE OF TERMINATION (NOT) (rev. 08/20)

I. General Site Information. Please provide the following information about the facility:	
a. Name of Facility:	
b. Facility Address:	
c. RIPDES Permit Number:	
d. Photos documenting the capping or elimination of piping connecting the discharge to the	
receiving water must be provided as an attachment in order to process this permit termination	
request.	
II. Owner Information	
Name:	Title:
Mailing Address:	
Phone:	Email:
III. Operator Information (if different from Owner)	
Name:	Title:
Mailing Address:	
Phone:	Email:
IV. Owner/Operator Certification	
I certify under penalty of law that all discharges from the identified facility that are authorized	
by the "RIPDES Non-Contact Cooling Water General Permit" have been terminated. I	
understand that by submitting this Notice of Termination (NOT), I am no longer authorized to	
discharge waters covered by the RIPDES Non-Contact Cooling Water General Permit and that	
discharging pollutants from the activity covered	ed by the RIPDES Non-Contact Cooling Water
General Permit is unlawful under Rhode Island Laws and Regulations where the discharge is	
not authorized by another permit. I also under	stand that the submission of this NOT does not
release an owner/operator from liability for an	y prior violation of the RIPDES Non-Contact
Cooling Water General Permit or applicable Laws or Regulations.	
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Print Owner's Name:	
Print Owner's Title:	
Signature:	Date:
Print Operator's Name:	
Print Operator's Title:	
Signature:	Date: