



# NOTICE OF TERMINATION:

**GENERAL PERMIT NO. AKG320000 – Statewide Oil and Gas Pipelines**

Please submit this Notice of Termination to:

**ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
Wastewater Discharge Authorization Program  
555 Cordova Street  
Anchorage, Alaska 99501**

Submittal of this document constitutes notice that the parties identified in Sections 2 thru 3 intend to discontinue coverage for specified outfalls or entire authorization as indicated in Section 4 of this form. Please provide all information below and attach supplemental information sheets as appropriate.

## SECTION 1 – PERMIT INFORMATION

**Current Permit Authorization No.:** AKG32

## SECTION 2 – RESPONSIBLE PARTY INFORMATION

Owner/Operator or Person responsible for overall management of the project

First Name:	Last Name:	Title:
Company:		
Facility/Project Name:		
Phone:	Fax:	
E-mail Address:		
Mailing Address:		
City:	State:	Zip:

## SECTION 4 – PERMIT REPORTING REQUIREMENTS (Select One)

- All reporting requirements have been submitted prior to the termination requests summarized in Section 5 of this form.
- All reporting requirements have been submitted with the termination requests summarized in Section 5 of this form

**SECTION 5 – SUMMARY OF TERMINATION REQUESTS**

- Check here, to request termination of entire permit authorization. Select reason for termination of permit<sup>2</sup> (A  B  C Details: \_\_\_\_\_), then skip to section 5.
- Check here, to request termination of specific unique outfall ID's, then complete the table below.

Outfall Type	List Unique Outfall ID's to be Terminated <sup>1</sup>	Select Reason for Termination <sup>2</sup>
<input type="checkbox"/> 002 Graywater		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Details: _____
<input type="checkbox"/> 003 Gravel Pit Dewatering		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Details: _____
<input type="checkbox"/> 004 Excavation Dewatering		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Details: _____
<input type="checkbox"/> 005 Hydrostatic Test Water		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Details: _____
<input type="checkbox"/> 006 Storm Water		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Details: _____
<input type="checkbox"/> 007 Mobile Spill Response		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Details: _____

**NOTES:**

- 1) A Unique ID is the number that was assigned to each individual Discharge/Disposal request (e.g., 001A). This number consists of the outfall type (e.g. 002 thru 007), multiple outfalls may include unique identifiers (e.g., A, or MSE).
- 2) Check the box that most accurately describes the reason for the outfall termination requests:
  - A) Outfall activities have ceased, coverage no longer needed.
  - B) Alternative permit coverage is needed (provide alternative permit number under "Details")
  - C) Other reason (provide brief details in the designated area)

**SECTION 6 – CERTIFICATION**

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 who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. Per 18 AAC 83.130(k), I certify there are no current or pending state or federal enforcement actions, including citizen suits brought under state or federal law. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Title:

Printed Name:

Date: