



Maine Department of Environmental Protection  
 General Permit Notice of Termination (NOT)  
**Discharges of Pesticides**

This NOT is subject to General Permit #MEG230000 / WDL #W009129--5Y-A-N, issued by the Maine DEP on March 2, 2015 for use of terrestrial pesticides to reduce a significant risk to public health and safety or risk of widespread economic harm subject to specified conditions, which may result in incidental, unintended, and unavoidable discharges to waters of the State.

**1. Property Owner Information (use additional sheets if multiple property owners)**

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Street Address

\_\_\_\_\_

Town

State

ZIP

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**2. Agent Information (if applicable)**

Name/Affiliation: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Street Address

\_\_\_\_\_

Town

State

ZIP

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**3. Licensed Applicator Information**

Name/Affiliation: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Street Address

\_\_\_\_\_

Town

State

ZIP

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Maine Board of Pesticides Control License Number: \_\_\_\_\_

**4. Signature of Applicant**

By submittal of this Notice of Termination form to the Department, I am voluntarily terminating coverage for a pesticide treatment program permitted pursuant to the Department's General Permit for the Discharge of Pesticides. Authorization to discharge under the general permit terminates on the day the signed NOT is received by the Department. I acknowledge that future activities involving the discharge of pesticides to waters of the State are prohibited unless otherwise approved by the Department.

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure 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 and imprisonment for knowing violations. I further certify that the applicant has sufficient title, right or interest in the property where the activity has occurred.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Assisting Parties. If the applicant has been assisted in preparing this NOT Form, the person(s) assisting must sign below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**5. Submission of the NOT: Send the completed NOT form electronically or hard copy to**

Attn: Permitting Unit  
Department of Environmental Protection  
Bureau of Land and Water Quality  
Division of Water Quality Management  
17 State House Station  
Augusta, ME 04333-0017  
e-mail: [gregg.wood@maine.gov](mailto:gregg.wood@maine.gov)

This area for office use only.

NOI #	Date Received	Date Accepted	Date Returned
#MEG2300_____ WDL# W0____-5Y-__-N			