

**APPLICATION for TERMINATION
or CONSOLIDATION of permits
covered under the Wyoming
Pollutant Discharge Elimination
System (WYPDES)**



Official Use Only
Date received:

Use this form to terminate or consolidate permits that discharge waste water to a surface water of the state of Wyoming. This form should be used ONLY to terminate a permit that has more than 180 days before its designated expiration date. If a permit has less than 180 days to its expiration date and WYPDES coverage is no longer needed for that permit, then a notice of termination is not required and the Water Quality Division (the Division) will allow the permit to expire on the date indicated in the permit. If the permittee plans to continue to discharge waste water from this facility after the permitted expiration date, then a permit renewal application must be received by the Division at least 180 days prior to that date. If the permittee plans to continue to discharge waste water from this facility after its expiration date and no renewal application is received by the Division, then the permittee will be required to stop discharging until a new permit is applied for and issued by the Division.

If the permittee wishes to terminate permits that will be combined with (or transferred to) another permit, all terminating permits must have a separate termination application. Each terminating permit will complete a 30 day public notice period prior to its termination.

Please complete the following information for each permit that you wish to terminate.

<i>Company Contact Name</i>	<i>Consultant Contact Name</i>
<i>Company Name</i>	<i>Company Name</i>
<i>Mailing Address</i>	<i>Mailing Address</i>
<i>City, State, Zip Code</i>	<i>City, State, Zip Code</i>
<i>Telephone Number</i>	<i>Telephone Number</i>
<i>E-Mail Address</i>	<i>E-Mail Address</i>

Permit number: _____ Expiration Date: _____

Name of the facility producing the discharge (the facility name that appears on the WYPDES permit):

Immediate Receiving Stream(s): _____

General Facility Location: Township(s) _____ Range(s) _____

Reason for termination: _____

If the reason for termination is to combine permits that are located within the same drainage, in order to be covered under one WYPDES permit, indicate the permit that this terminated permit will be transferred to (the permit that it will be combined with): _____

Please note that in order for the combination to be complete, the permittee must apply for and be issued, a separate permit renewal or modification that incorporates the transferred/ terminated permit. All permits involved must complete a 30 day public notice period. Also be advised that the terminating permit cannot be completed until the permit it has been transferred to has been issued.

