

Storm Water Change in Facility Status

for facilities covered under a
No Exposure Certification
*For Exclusion from WYPDES
Industrial Storm Water Permitting*
State of Wyoming
Department of Environmental Quality

Official Use Only
Date received:

- ✓ Please print or type.
- ✓ An original signature is required. Faxes cannot be accepted.

Use this form to report a change in status at a facility excluded from storm water permit coverage under the No Exposure Certification program.

If the facility is no longer eligible for the No Exposure Certification because industrial materials or activities are or will be exposed to storm water do not use this form. Complete a Notice of Intent for coverage under a storm water permit instead.

The No Exposure Certification number for this facility is: WY-NoEx-_____

Please check all options that apply:

- New operator - **If this facility has been transferred to a new operator, the new operator should complete this form.** Complete item 1.
 - Change in contact information. Complete item 1.
 - Operations have changed to an activity not regulated under the storm water program. Complete item 2.
 - This facility is or will be closed. Complete item 3.
1. Name, address, and telephone number of the activity operator. This is the company, individual, or organization that has day-to-day supervision and control of activities occurring at the site.

Operator name: _____

Mailing address: _____

Telephone: _____ Fax: _____

Local contact (familiar with the facility) _____

Local contact telephone: _____

2. New activity. If the operations at this facility have changed to an activity not regulated under the storm water program, please provide the Standard Industrial Classification (SIC) code of the new activity. _____

3. Closed facility. If the facility has been or will be closed, please provide the date of closure. _____
4. 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. In addition, I certify that I am aware of the terms and conditions of the large construction general permit and I agree to comply with those requirements.

Authorized signatories for this notice of termination are the following:	
<i>For corporations:</i>	<i>A principal executive officer of at least the level of vice president, or the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the overall operation of the facility from which the discharge originates.</i>
<i>For partnerships:</i>	<i>A general partner.</i>
<i>For a sole proprietorship:</i>	<i>The proprietor.</i>
<i>For a municipal, state, federal or other public facility:</i>	<i>Either a principal executive officer or ranking elected official.</i>

Printed Name of Person Signing

Title

Signature

Date

Telephone

Section 35-11-901 of Wyoming Statutes provides that:

"Any person who knowingly makes any false statement, representation, or certification in any application . . . shall, upon conviction, be fined not more than ten thousand dollars (\$10,000) per day for each violation or imprisoned for not more than one (1) year, or both."

Mail or hand deliver this application to:
WYPDES Storm Water Section
DEQ/WQD
Herschler Bldg. - 4 W
122 West 25th Street
Cheyenne, WY 82002

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