

SIGNATURE OF FARM OWNER/OPERATOR

Agricultural Water Quality Division 94 Harvest Lane, Suite 203 - Williston, VT 05495 [phone] (802) 828-1702 [fax] (802) 828-1715 www.agriculture.vermont.gov

DATE OF SIGNATURE

General Permit for Medium Farm Operations (MFO GP)

Notice of Termination (NOT) Form

*Must be completed by the owner or operator of a MFO which is authorized to operate under

Vermont's General Permit for Medium Farm Operations, if the operation is to be terminated.	
Termination of Operations This Notice of Termination must be submitted within 90 days of the termination of operations, to the address be	elow.
I. General Information:	
Farm Owner/Operator: Primary Phone: ()	
Business Name:	
Email :	
Mailing Address:	
Additional Facility: Name & E911 Location:	
Additional Facility: Name & E911 Location:	
II. Reason for Submittal (check the box that applies to your operation)	
$\hfill\Box$ This operation has been terminated and all operation have ceased within the last 90 days.	
☐ This operation is below the General MFO permit animal threshold requirements.	
□ This operation is not an Animal Feeding Operation.	
III. Applicant Certification	
I understand that by signing this form I am certifying that I have examined the information submitted in this Notice of Termination (NOT) Form, and that the information contained in this NOT Form is true, accurate, and complete. I understant I may be subject to the criminal sanctions of 13 V.S.A. § 3016 for false, misleading, or untrue representations on this NOT Form.	

For complete termination of coverage from the MFO GP, NOT Form must be submitted to:

PRINTED NAME

Vermont Agency of Agriculture, Food and Markets Medium Farm Operation Program 94 Harvest Lane, Suite 203 Williston, VT 05495