



## Notice of Termination Form

### Construction Stormwater General Permit

Use this form to request termination of permit coverage

I. Permit # WAR \_\_\_\_\_

#### II. OPERATOR (Permittee)

#### III. BILLING ADDRESS

Contact name	Phone No. Cell Phone No.	Contact name	Phone No. Cell Phone No.
Title		Title	
Company name		Company name	
Mailing address		Mailing address	
City	State Zip	City	State Zip
Email address	Fax No.	Email address	Fax No.
Alternate contact: Name Phone No. Email Cell Phone No.		Alternate contact: Name Phone No. Email Cell Phone No.	

#### IV. SITE LOCATION/ADDRESS

Site name	Total area of soil disturbance for your site/project: _____ acres
Street address (or location description)	
City (or nearest city)	Zip County

#### V. CONSTRUCTION ACTIVITY- The site is eligible for termination by one of the following methods:

<input type="checkbox"/> The site has undergone final stabilization. The operator has permanently stabilized all exposed soils, removed all temporary BMPs, and eliminated all stormwater discharges associated with construction activity.
<input type="checkbox"/> Permit coverage on all portions of the site that have not undergone final stabilization (Permit Condition S10.A.1) are being or have been transferred (Permit Condition G9), and the Permittee no longer has operational control of the construction activity. We provided the new owner Transfer of Coverage paperwork on: _____
<input type="checkbox"/> All portions of the site which have not undergone final stabilization (Permit Condition S10.A.1) have been sold and the Permittee no longer has operational control of the construction activity. We will not be submitting Transfer of Permit coverage paperwork. (Optional) Please provide new owner contact info: _____ _____

#### VI. CERTIFICATION OF PERMITTEE(S). Please read the certification statement carefully before signing.

"I certify under penalty of law that all stormwater discharges associated with construction activity from the identified site that are authorized by the National Pollution Discharge Elimination System (NPDES) and State Waste Discharge general permit have been eliminated, or that I no longer own or operate on this site. I understand that by submitting this Notice of Termination that I am no longer authorized to discharge stormwater associated with construction activity by the general permit, and that discharging pollutants in stormwater to waters of the State of Washington is unlawful under the Clean Water Act where the discharge is not authorized by a NPDES permit. I also understand that the submittal of this Notice of Termination does not release the permittee from liability for any violations of this permit or the Clean Water Act."
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\_\_\_\_\_  
Operator printed name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Operator signature

\_\_\_\_\_  
Date

## Instructions for Notice of Termination Form

Submit a Notice of Termination Form to the Department of Ecology: when 1) all stormwater discharges from a construction site are eliminated and the site has undergone final stabilization, OR 2) the site has been sold or transferred to a different operator(s). The permit fees will continue until the permit is terminated.

- |  |   |
|--|---|
| <b>I. Permit Number</b>                  | Enter the permit number for the facility.   |
| <b>II. Operator</b>                      | Give the name, address, and telephone number of the person who is responsible for the permit.   |
| <b>III. Billing Address</b>              | Indicate where the final fee invoice should be sent.  |
| <b>IV. Site Location</b>                 | Enter the street address or location description, including the city or nearest city and county for the construction site. Construction sites that do not have a street address must also provide a legal description in the space provided or as an attachment.  |
| <b>V. Construction Activity</b>          | Indicate:<br>1. That all stormwater discharges associated with construction activity are eliminated and final stabilization of all exposed soils is completed. Final stabilization means the establishment of a permanent vegetative cover, or equivalent permanent stabilization measures which prevents erosion.<br>2. That the permit has been transferred to another responsible party(ies) for management <b><i>and provide the information required on the Transfer of Coverage form.</i></b><br>3. That all portions of the site that have not undergone final stabilization have been sold. |
| <b>VI. Certification of Permittee(s)</b> | Read this statement carefully. The operator or authorized representative of the operator must print his or her name for clarity, then sign and date the document on the lines provided. Refer to General Condition G2 in the permit for signatory requirements.   |

**Please sign and return this original document to the following address and retain a copy for your records:**

Department of Ecology  
Stormwater Unit – Construction  
PO Box 47696  
Olympia, WA 98504-7696

**Note:** Your site remains under permit and subject to all permit conditions until your termination is effective. Continue to comply with permit conditions until the earlier of the following two dates:

- 1) The date you receive written notification from Ecology that termination is effective; **OR**
- 2) The 31<sup>st</sup> day following Ecology's receipt of this form.

### Questions? Call:

- **360-407-7451 Josh Klimek** for city of Seattle or counties: Kitsap, Pierce, Thurston
- **360-407-7229 Elaine Worthen** for counties: King, Island, San Juan
- **360-407-6437 Carrol Johnston** for counties: Whatcom, Skagit, Snohomish, Ferry, Stevens, Pend Oreille, Lincoln, Spokane, Grant, Adams, Whitman, Franklin, Walla Walla, Columbia, Garfield, Asotin
- **360-407-6858 Joyce Smith** for counties: Okanogan, Chelan, Douglas, Kittitas, Yakima, Benton, Klickitat, Skamania, Clark, Cowlitz, Wahkiakum, Lewis, Pacific, Grays Harbor, Mason, Jefferson, Clallam

*If you need this publication in an alternate format, please contact us at 360-407-6401. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.*