



Request to Terminate Permit Coverage Boatyard General Permit

I. Permit No. WAG 030095

Use this form to request termination of permit coverage.

II. FACILITY ADDRESS

III. MAILING ADDRESS

Permittee Name: <u>Marine Servicer</u>	Permittee Name: <u>Marine Servicer</u>
Facility Name: (if different)	Company Name: (if different)
Street Address: <u>2417 T Ave</u>	Street Address or P.O. Box: <u>2442 Westlake Ave N</u>
City: <u>Anacortes WA</u> ZIP+4: <u>98221</u>	City: <u>Seattle WA</u> ZIP+4: <u>98109</u>
County: <u>Skagit</u>	
Site Contact: (first and last name) <u>Jim Rand</u>	Billing Contact: (first and last name) <u>jeanna Rand</u>
Phone Number: <u>206 369 2290</u>	Phone Number: <u>206 369 5633 cell</u>
Email Address: <u>jim@marinesc.com</u>	Email Address: <u>jeanna@marinesc.com</u>

IV. JUSTIFICATION FOR TERMINATION

- ☐ All actual and potential discharges of pressure-wash wastewater and stormwater runoff associated with boatyard activity that are authorized by this permit have ceased because the boatyard activity has ceased, and no significant materials, industrial equipment, or potential pollutants remain exposed to stormwater.
- ☒ The party that is responsible for compliance with the permit (signatory to the application) has transferred responsibility for the boatyard in accordance with General Condition 14 (Transfer of Permit Coverage) of the permit.
- ☐ All actual and potential discharges of stormwater runoff associated with boatyard activity have been eliminated because the stormwater runoff has been redirected to a municipal sewerage system that has been delegated authority to issue permits under RCW 90.48.165 and that is in compliance with WAC 173-216-150.

V. CERTIFICATION

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 gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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.

<u>Jeanna Rand</u>	<u>Jeanna Rand</u>	<u>11-4-2020</u>
Responsible Signatory Printed Name	Signature	Date