



Notice of Termination Form

I. Permit # WA:
0040053

Upland Finfish Hatching & Rearing General Permit

Use this form to request permit coverage termination.

II. FACILITY ADDRESS

III. BILLING ADDRESS

Facility Name	Company Name
Street Address	Contact Name
City Zip + 4	Street Address
County	PO Box
Phone No. of Primary Contact	City Zip+ 4
Operator/Primary Contact Name	Phone No.
Legal Description (if no address for facility)	

IV. JUSTIFICATION FOR TERMINATION

Date operations ceased (MONTH/DAY/YEAR):

Enter a brief description justifying termination:

V. CERTIFICATION OF PERMITTEE(S)

"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."

Printed Name: _____

Title: _____

Signature: _____ Date: _____

Submit a Notice of Termination Form to the Department of Ecology when the Permittee meets one or more of the three (3) conditions below. NOTE: *Your site remains under permit and is subject to all permit conditions until your termination is effective.*

1. All discharges with the activities that are authorized by this permit have ceased because the activity has ceased, and no potential source of pollutants remains at the hatching or rearing facility to produce discharge.
2. The party responsible for permit coverage (signatory to application) sells or otherwise legally transfers responsibility for the activity at the hatching and rearing facility.
3. All discharges with the hatching or rearing activity have been eliminated because that discharge has been redirected to a sanitary sewer system operated by a municipality with a delegated pretreatment program, provided the Permittee has received a discharge authorization from the delegated municipality and authorization from all other applicable local sewerage authorities.

Instructions for Completing the Notice of Termination Form

- I. Permit number:** Write the permit number in the upper right hand corner.
- II. Facility address:** Print facility's official/legal name and provide facility street address and county. Facilities that do not have a street address must provide a legal description.
- III. Billing Address:** List where Ecology should send the final fee invoice. This information may or may not be the same information requested in Section II.
- IV. Justification for termination:** Note the date operations ended. Briefly explain why you are seeking permit termination. You can include a transmittal letter outlining the reasons.
- V. Certification of permittee:** Permittee, please read Certification of Permittee(s) carefully. The permittee shall clearly print their name, then sign and date on the lines provided. Refer to General Condition G2, in the permit for signatory requirements.

Instructions for Submitting the Notice of Termination form to Ecology

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

*Department of Ecology
Water Quality Program – Upland Finfish GP
PO Box 47696
Olympia, WA 98504-7696*

- You will receive a letter terminating permit coverage. If you do not receive a termination letter within 70 days, please contact the Fee Unit via email wqfee_unit@ECY.WA.GOV.
- Continue to comply with permit conditions until you receive written notification of an effective termination from Ecology.

Questions regarding conditions for termination?

Visit our web page: <https://ecology.wa.gov/Regulations-Permits/Permits-certifications/Upland-fin-fish-permit> or contact a regional office permit coordinator (see *Contacts by Region on next page*).

To request ADA accommodation, including materials in a format for the visually impaired, call the Water Quality Program at 360-407-6600. Persons with impaired hearing may call Washington Relay Service at 711. Persons with speech disability may call TTY at 877-833-6341

Contacts by Region

<p><i>Benton, Chelan, Douglas, Kittitas, Klickitat, Okanogan, or Yakima Counties</i></p> <p>Washington State Department of Ecology Attn: Water Quality Permit Coordinator Central Regional Office 1250 West Alder Street Union Gap, WA 98903-0009 Phone: 509-575-2490</p>	<p><i>Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Oreille, Spokane, Stevens, Walla Walla, or Whitman Counties</i></p> <p>Washington State Department of Ecology Attn: Water Quality Permit Coordinator Eastern Regional Office 4601 North Monroe Street, Suite 202 Spokane, WA 99205-1295 Phone: 509-329-3400</p>
<p><i>Island, King, Kitsap, San Juan, Skagit, Snohomish, or Whatcom Counties</i></p> <p>Washington State Department of Ecology Attn: Water Quality Permit Coordinator Northwest Regional Office 3190 160th Avenue SE Bellevue, WA 98008-5452 Phone: 425-649-7000</p>	<p><i>Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Pierce, Skamania, Thurston, or Wahkiakum Counties</i></p> <p>Washington State Department of Ecology Attn: Water Quality Permit Coordinator Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 Phone: 360-407-6300</p>