



Notice of Termination Form
Industrial Stormwater General Permit
 Use this form to request termination of permit coverage

I. Permit # WAR - 000066

II. FACILITY ADDRESS

III. BILLING ADDRESS

Facility Name JESSE ENGINEERING COMPANY	Company Name JESSE ENGINEERING COMPANY	
Street Address 5225 7TH STREET EAST	Contact Name STEVE BELL	
City TACOMA, WA	Zip + 4 98424-2708	Street Address 1840 MARINE VIEW DRIVE
County PIERCE	PO Box	
Phone No. of Primary Contact Person 253-922-7433	City TACOMA, WA	Zip+ 4 98424-4106
Operator/Primary Contact Person STEVE BELL	Phone No. 253-922-7433	
Legal Description (if no address for facility)		

IV. JUSTIFICATION FOR TERMINATION

Provide a brief description justifying termination. (Be sure to include date operations ceased.)

PROPERTY SOLD, OPERATIONS WILL CEASE ON JULY 1, 2017.

DEPARTMENT OF ECOLOGY
 JUN 02 2017
 WATER QUALITY PROGRAM

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."

STEVE BELL / PRODUCTION MANAGER

Operator's Printed Name / Title

Operator's Signature

May 30 2017
Date