



## Notice of Termination Form

### Industrial Stormwater General Permit

I. Permit # WAR - 000066

Use this form to request termination of permit coverage

#### 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	Street Address 1840 MARINE VIEW DRIVE
County PIERCE	PO Box
Phone No. of Primary Contact Person 253-922-7433	City TACOMA, WA
Operator/Primary Contact Person STEVE BELL	Zip+ 4 98424-4106
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