

FEB 20 2020



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

WATER QUALITY PROGRAM
 1. Permit # WAR - #WAR001996

II. FACILITY ADDRESS**III. BILLING ADDRESS**

Facility Name Rainier Ballistics		Company Name MW Environmental LLC	
Street Address 4500 15th street east		Contact Name Jesse McLaughlin	
City fife, Washington	Zip + 4 98424	Street Address 6554 24th Ave NE	
County pierce		PO Box	
Phone No. of Primary Contact Person 360-286-6375		City See H/c	Zip+ 4 98115
Operator/Primary Contact Person MW Enviromental LLC/206-816-0020		Phone No. (206) 816 0320	
Legal Description (if no address for facility)			

IV. JUSTIFICATION FOR TERMINATION

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

Business ceased operations/2-25-2019 liquidated assets 7/15/19.

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."

Don Shride

Operator's Printed Name / Title

Don Shride

Operator's Signature

January 1, 2020

Date