

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

I. Permit # WAR - 010300

II. FACILITY ADDRESS

III. BILLING ADDRESS

Facility Name Woods Acquisition Corporation	Company Name dba Woods Logging Supply
Street Address 702 Industrial Way	Contact Name Tony White
City Longview	Street Address 702 Industrial Way
Zip + 4 98632	PO Box PO Box K
County Cowlitz	City Longview
Phone No. of Primary Contact Person 360-577-8030	Zip + 4 98632
Operator/Primary Contact Person Tony White	Phone No. 360-577-8030
Legal Description (if no address for facility)	

IV. JUSTIFICATION FOR TERMINATION

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

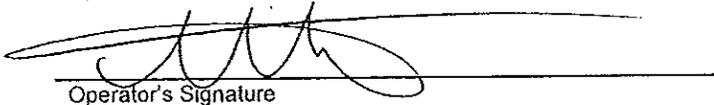
Our manufacturing process all occurs inside our facilities and does not effect the storm water so we should not be included in the SWPPP process effective 3/19/20.

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."

Tony White - Branch Manager

Operator's Printed Name / Title


 Operator's Signature

3/19/20

Date