

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

1. Permit # WATER QUALITY PROGRAM  
01300

### 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
County Cowlitz	PO Box PO Box K
Phone No. of Primary Contact Person 360-577-8030	City Longview
Operator/Primary Contact Person Tony White	Zip+ 4 98632
Legal Description (if no address for facility)	

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.

"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 \_\_\_\_\_