



Notice of Termination Form

Industrial Stormwater General Permit

I. Permit # WAR - 001307

Use this form to request termination of permit coverage

II. FACILITY ADDRESS

III. BILLING ADDRESS

Facility Name <i>FarWest Fabricators</i>	Company Name <i>FarWest Fabricators</i>
Street Address <i>7537 Postma Rd.</i>	Contact Name <i>Deborah Dougherty</i>
City <i>Moxee</i> Zip + 4 <i>98936</i>	Street Address <i>7537 Postma Rd.</i>
County <i>Yakima</i>	PO Box <i>P.O. Box 1247</i>
Phone No. of Primary Contact Person <i>(509) 453-1663</i>	City <i>Moxee</i> Zip+ 4 <i>98936</i>
Operator/Primary Contact Person <i>Scott Smith</i>	Phone No. <i>(509) 453-1663</i>
Legal Description (if no address for facility)	

IV. JUSTIFICATION FOR TERMINATION

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

Facility no longer discharges any stormwater to surface waters of Washington State. All stormwater is filtered to ground.

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."

Scott Smith

Operator's Printed Name / Title

SS

Operator's Signature

5/5/2020

Date