



Notice of Termination Form

Industrial Stormwater General Permit

I. Permit # WAR - 001693

Use this form to request termination of permit coverage

II. FACILITY ADDRESS

III. BILLING ADDRESS

Facility Name Supervalu International Main	Company Name UNFI
Street Address 1525 E D St	Contact Name Kathleen Engelke
City Tacoma	Street Address 11840 Balley View Rd
Zip + 4 98421	PO Box
County Pierce	
Phone No. of Primary Contact Person 952-828-4773	City Eden Prairie
Operator/Primary Contact Person Kathleen Engelke	Zip+ 4 55344
	Phone No. 952-828-4773
Legal Description (if no address for facility)	

IV. JUSTIFICATION FOR TERMINATION

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

Site vacated of all operations that included industrial activity outside. Some office space rented back from owner.

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."

Michael C Zender, National Vice President
Operator's Printed Name / Title

[Signature]
Operator's Signature

7/22/2020
Date

Instructions for Completing the Notice of Termination Form

Submit a Notice of Termination Form to the Department of Ecology when the Permittee meets one or more of the following conditions:

1. All permitted stormwater discharges associated with industrial activity that are authorized by this permit cease because the industrial activity has ceased, and no significant materials or industrial pollutants remain exposed to stormwater.
2. The party that is responsible for permit coverage (signatory to application) sells or otherwise legally transfers responsibility for the industrial activity.
3. All stormwater discharges associated with industrial activity are prevented because the stormwater is redirected to a sanitary sewer, or discharged to ground (e.g., infiltration.).

- I. Permit number** Write the permit number in the upper right hand corner of this form.
- II. Facility Address** Print the facility's official or legal name and provide the street address (including the county) for the facility. Facilities that do not have a street address must provide a legal description in the space provided.
- III. Billing address** Indicate where the final fee invoice should be sent. This information may or may not be the same information requested in Section II.
- IV. Justification for termination** Briefly explain why you are seeking termination of your stormwater permit. You may want to include a transmittal letter explaining the reasons for termination. Be sure to include date operations ceased.
- V. Certification of permittee** This statement should be read carefully by the permittee. The permittee shall print his/her name for clarity, then sign and date the document on the lines provided. Refer to General Condition G2, in the permit for signatory requirements.

Please sign and return this original document to the following address and retain a copy for your records:

Department of Ecology
Water Quality Program – Industrial Stormwater
PO Box 47696
Olympia, WA 98504-7696

Note: Your site remains under permit and subject to all permit conditions until your termination is effective. Continue to comply with permit conditions until you receive written notification from Ecology that termination is effective.

You will receive a letter terminating permit coverage. If you do not receive a termination letter within 70 days, please contact the Fee Unit at 360-407-7330.

Questions regarding conditions for termination?

Location	Contact Name	Phone	E-mail
Skagit, San Juan, Whatcom	Kurt Baumgarten	360-715-5210	kurt.baumgarten@ecy.wa.gov
Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman	Jeremy Ryf	509-329-3610	jeremy.ryf@ecy.wa.gov
Kitsap, Snohomish, Island, King	Greg Stegman	425-649-7019	greg.stegman@ecy.wa.gov
Grays Harbor, Lewis, Clark, Cowlitz, Skamania, Wahkiakum, Clallam, Jefferson, Pacific	Kevin Hancock	360-407-6298	kevin.hancock@ecy.wa.gov
Mason, Thurston, Pierce	Paul Stasch	360-407-6273	paul.stasch@ecy.wa.gov
Okanogan, Chelan, Douglas, Kittitas, Yakima, Klickitat, Benton	Ray Latham	509-575-2807	ray.latham@ecy.wa.gov

If you need this document in a format for the visually impaired, call the Water Quality Program at 360-407-6600. Persons with hearing loss, call 711 for Washington Relay Service. Persons with a speech disability, call 877-833-6341.