



Notice of Termination Form

Construction Stormwater General Permit

Permit # WAR 309584

Use this form to request termination of permit coverage.

I. Operator/Permittee			
Name: <u>William "Duke" Fisher</u>		Company: <u>Chad Fisher Construction</u>	
Mailing Address: <u>15900 Preston Pl.</u>			
City: <u>Burlington</u>		State: <u>WA</u>	Zip + 4: <u>98233</u>
Business Phone: <u>360 757 0580</u>		Cell Phone: <u>360 707 1809</u>	E-mail: <u>DukeCF@cfshercorp.com</u>
II. Site Location/Address			
Site name: <u>Island Grown Farmers Coop</u>			
Street address (or location description): <u>11719 Westar Lane</u>			
City (or nearest city): <u>Burlington</u>		County: <u>Skasit</u>	Zip: <u>98233</u>
III. Construction Activity The site is eligible for termination by one of the following methods:			
<input type="checkbox"/> Construction was never started.			
<input checked="" type="checkbox"/> The entire site has undergone final stabilization and all temporary BMPs are removed. (Permit Condition S10.A.1. See instructions for definition.)			
<input type="checkbox"/> Permit coverage on all portions of the site that have not undergone final stabilization are being, or have been, transferred (Permit Condition G9), and the Permittee no longer has operational control of the construction activity.			
We provided the new owner Transfer of Coverage form on (date): Please provide new owner contact info:			
<input type="checkbox"/> All portions of the site that have not undergone final stabilization have been sold and the Permittee no longer has operational control of the construction activity. We will not be submitting Transfer of Permit coverage paperwork.			
(Optional) Please provide new owner contact info:			
IV. Certification of Signature Please read the certification statement carefully before signing.			
<p>"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."</p>			

WILLIAM FISHER
Permittee printed name

[Signature]
Permittee signature (Permittee on record or a VP level officer)

AGENT
Title

2/2/2022
Date

DEPARTMENT OF ECOLOGY

FEB 04 2022

WATER QUALITY PROGRAM