



# Notice of Termination Form

## Construction Stormwater General Permit

Permit # WAR WAR306970

Use this form to request termination of permit coverage.

<b>I. Operator/Permittee</b>			
Name: <u>Subedar S Deol</u>		Company: <u>Transworld Investment Group LLC</u>	
Mailing Address: <u>310 Leann Street</u>			
City: <u>Mount Vernon</u>		State: <u>Washington</u>	Zip + 4: <u>98274</u>
Business Phone:	Ext.	Cell Phone: <u>3606617414</u>	E-mail: <u>deolllc@comcast.net</u>
<b>II. Site Location/Address</b>			
Site name: <u>Pinnacle Estates Mount Vernon</u>			
Street address (or location description): <u>2849 Francis Road</u>			
City (or nearest city): <u>Mount Vernon</u>		County: <u>Skagit</u>	Zip: <u>98273</u>
<b>III. Construction Activity</b> 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. ( <i>Permit Condition S10.A.1. See instructions for definition.</i> )			
<input type="checkbox"/> Permit coverage on all portions of the site that have not undergone final stabilization are being, or have been, transferred ( <i>Permit Condition G9</i> ), 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:			
<b>IV. Certification of Signature</b> Please read the certification statement carefully before signing.			
"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."			

Subedar S Deol

Permittee printed name

Subedar S Deol

Permittee signature (Permittee on record or a VP level officer)

Member/Mgr

Title

02/03/2022

Date