



Notice of Termination Form

Construction Stormwater General Permit

Permit # WAR 308398

Use this form to request termination of permit coverage.

I. Operator/Permittee		
Name: William Salvesen	Company: Lennar Northwest, LLC.	
Mailing Address: 33455 6th Ave S Suite 1-B		
City: Federal Way	State: WA	Zip + 4: 98003
Business Phone: 253-590-2200 Ext.	Cell Phone:	E-mail: Bill.Salvesen@lennar.com
II. Site Location/Address		
Site name: Wellington - Lennar		
Street address (or location description): South of 1625 Division St SW, End of Fern St, Division St & Cushing St		
City (or nearest city): Olympia	County: Thurston	Zip: 98502
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. (<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:		
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 Salvesen

Permittee printed name

DocuSigned by:

William Salvesen

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

Vice President

Title

3/7/2022

Date