



# Notice of Termination Form

## Construction Stormwater General Permit

Permit # WAR 309608

Use this form to request termination of permit coverage.

DEPARTMENT OF ECOLOGY

APR 05 2022

WATER QUALITY PROGRAM

### I. Operator/Permittee

Name: Robert Baglio	Company: BJC Group Construction		
Mailing Address: 3780 SE Mile Hill Dr			
City: Port Orchard	State: WA	Zip + 4: 98366	
Business Phone: 360-895-0896	Ext.	Cell Phone:	E-mail: rbaglio@bjcgroup.com

### II. Site Location/Address

Site name: Pendleton Place		
Street address (or location description): 5454 Kitsap Way		
City (or nearest city): Bremerton	County: Kitsap	Zip: 98312

### III. Construction Activity

The site is eligible for termination by one of the following methods:

☐ Construction was never started.

☒ The entire site has undergone final stabilization and all temporary BMPs are removed. (*Permit Condition S10.A.1. See instructions for definition.*)

☐ 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:

☐ 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.

"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."

Robert Baglio  
Permittee printed name

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

President  
Title

Date

3/31/2022