



Notice of Termination Form

Construction Stormwater General Permit

Use to request termination of permit. Use dark ink if completing by hand.

| | | | |
|--|--|---|---|
| I. Operator/Permittee | | Permit # <u>WAR 310315</u> | |
| Name: <u>Macoy Goulet</u> | | Company: <u>Chervenell Construction</u> | |
| Mailing Address: <u>107422 E Detrick PER SE</u> | | | |
| City: <u>Kennewick</u> | | State: <u>WA</u> | Zip: <u>99338</u> |
| Phone: <u>509-735-3377</u> | | Ext. <u> </u> | Alt.Phone: <u> </u> Email: <u>mgoulet@chervenell.com</u> |
| II. Site Location/Address | | | |
| Site name: <u>Goodwill College Place</u> | | | |
| Street address (or location description): <u>1017 NE C St.</u> | | | |
| City (or nearest city): <u>College Place</u> | | County: <u>Walla Walla</u> | Zip: <u>99324</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. (<i>Permit Condition S10.A.1. See instructions for definition.</i>) | | | |
| <input type="checkbox"/> Permit coverage on all portions of site that have not undergone final stabilization are being, or have been, transferred (<i>Permit Condition G9</i>), and 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 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. 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. | | | |

Macoy Goulet

Permittee printed name

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

CESCL

Title

8/5/22

Date

SEE INSTRUCTIONS ON PAGE 2 FOR SUBMITTING COMPLETED FORM TO THE FEE UNIT