



## Notice of Termination Form

### Construction Stormwater General Permit

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

<b>I. Operator/Permittee</b>		Permit # <u>WAR 307068</u>	
Name: Mel Hawkins		Company: RSV Building Solutions	
Mailing Address: 1115 Esther St.			
City: Vancouver		State: WA	Zip: 98660-3357
Phone: 360-693-8830      Ext. 109*    Alt. Phone: 360-910-4108    Email: mel@rsvbldg.com			
<b>II. Site Location/Address</b>			
Site name: Adventure Dental East			
Street address (or location description): 15700 block of Cascade Park Dr. (45.5946, -1212.511)			
City (or nearest city): Vancouver		County: Clark	Zip: 98683
<b>III. Construction Activity</b> The site is eligible for termination by one of the following methods:			
<input checked="" type="checkbox"/> Construction was never started.			
<input 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:			
<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. 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.			

Mel Hawkins

Permittee printed name

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

VP of Field Operations

Title

September 9, 2022

Date

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

## Instructions for Notice of Termination (NOT) Form

**ANNUAL PERMIT FEES continue until Ecology terminates the permit coverage.**

**Fees can not be prorated in the final fiscal year of the permit, per the Fee Rule.**

**Continue complying with permit conditions until notified that coverage has been terminated.**

<b>I. Operator/ Permittee</b>	Provide the name, address, and telephone number of the permittee on record.
<b>II. Site Location/ Address</b>	Enter the street address or location description, including the city or nearest city and county for the construction site. Construction sites that do not have a street address must provide a legal description in the space provided, or as an attachment.
<b>III. Construction Activity</b>	<p>Indicate that:</p> <ul style="list-style-type: none"> <li>➤ The construction project has not started and there are no other sources of construction stormwater.</li> <li>➤ All stormwater discharges associated with construction activity have been eliminated and final stabilization of all exposed soils is completed. <b>Final stabilization means</b> established permanent vegetative cover, or equivalent permanent stabilization measures which prevent erosion. You are certifying that: <ul style="list-style-type: none"> <li>• Soils are no longer being disturbed.</li> <li>• All permanent vegetative cover is fully established and growing.</li> <li>• All exposed soils are permanently stabilized to prevent erosion.</li> <li>• All temporary sediment and erosion control BMPs such as catch basin filters and silt fencing, etc. are removed.</li> <li>• All Low Impact Development (LID) Bioretention and Rain Garden facilities are fully functional and free of sediment accumulated during construction.</li> <li>• All stormwater discharges associated with construction activity are eliminated.</li> </ul> </li> <li>➤ The permit has been transferred to another responsible party(ies) for management. <b>(Provide required information on the Transfer of Coverage form.)</b></li> <li>➤ All portions of the site that have not undergone final stabilization have been sold.</li> </ul> <p>Use this option for residential construction where the permittee has completed temporary stabilization and the homeowners have taken possession of the residences.</p>
<b>IV. Certification of Signature</b>	<p>The permittee, or senior executive in the permittee's company: print name, sign and date form on the lines provided. <i>Paul Hansen</i></p>

**Please sign and email this document to [wqfeeunit@ecy.wa.gov](mailto:wqfeeunit@ecy.wa.gov) or mail:**

Department of Ecology  
Water Quality - Permit Fee Unit  
PO Box 47600  
Olympia, WA 98504-7696

**Note:** Your site remains under permit and subject to all permit conditions until your termination request is approved. Continue to comply with permit conditions **until the earlier of the following two dates:**

- 1) The date you receive written notification from Ecology that termination is effective.
- 2) 31 days or more have passed since Ecology received a completed NOT form.
- 3) Keep a signed copy of your NOT for your records.

**Questions? Contact the Fee Unit at 1 (800) 633-6198, Option 2, or [wqfeeunit@ecy.wa.gov](mailto:wqfeeunit@ecy.wa.gov)**

To request an ADA accommodation, contact Ecology at 360-407-6831 or by email at [ecyadacoordinator@ecy.wa.gov](mailto:ecyadacoordinator@ecy.wa.gov), or visit <https://ecology.wa.gov/accessibility>.

For Relay Service or TTY call 711 or 877-833-6341