



CONSTRUCTION STORMWATER GENERAL PERMIT

Notice of Termination Form (NOT)

RECEIVED
By ckau461 at 8:32 am, Apr 14, 2023

Use this form to request termination of your permit.

I. Permittee Information		Permit # <u>WAR - 310734-1</u>	
Name: <u>Joseph Swofford</u>		Company: <u>Swofford Excavating LLC</u>	
Mailing Address: <u>211 Nagel Rd</u>			
City: <u>Washougal</u>	State: <u>WA</u>	Zip: <u>98671</u>	
Phone: <u>360-771-5037</u>		Email: <u>Swoffordexcavating@pm.me</u>	
II. Site Location/Address Information			
Site name: <u>lacey museum and Cultural Center</u>			
Street address (or location description): <u>829 lacey st</u>			
City (or nearest city): <u>lacey</u>	County: <u>Thurston</u>	Zip: <u>98503</u>	
III. Construction Activity: The site is eligible for termination. Select ONE of the following conditions:			
<input type="checkbox"/> Construction was never started.			
<input checked="" type="checkbox"/> Entire site has undergone final stabilization, all temporary BMPs are removed, all stormwater discharges associated with construction activity have been eliminated. (Permit Condition S10.A.1.)			
<input type="checkbox"/> All portions of site that have not undergone final stabilization have been sold sand/or transferred (Permit Condition S10.A.2.), and Permittee no longer has operational control of the construction activity.			
New owner Transfer of Coverage form submitted to Ecology on (date): _____			
New owner contact info: _____			
<input type="checkbox"/> For residential construction only, the Permittee has completed temporary stabilization and the homeowners have taken possession of the residences (Permit Condition S10.A.3.)			
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 fines and imprisonment for knowing violations.			

Joseph Swofford
Permittee's printed name

member
Title

Joseph Swofford
Permittee's signature (Permittee on record or a VP level officer)

4/11/23
Date Signed

SEE PAGE 2 FOR SUBMITTING COMPLETED FORM TO THE PERMIT FEE UNIT