



Notice of Termination Form

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By Ksza461 at 2:59 pm, Feb 28, 2024

Construction Stormwater General Permit

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

I. Operator/Permittee		Permit # <u>WAR 308774</u>	
Name: George Birch		Company: Hawthorne Gardening Company	
Mailing Address: 14111 Scottslawn Road			
City: Marysville		State: OH	Zip: 43041
Phone: 564-888-1550	Ext.	Email: <u>gbirch@hawthornegc.com</u>	
II. Site Location/Address			
Site name: Hawthorne WHQ			
Street address (or location description): <u>3204 NW 38th Cir</u>			
City (or nearest city): <u>Vancouver</u>		County: <u>Clark</u>	Zip: <u>98660</u>
III. Construction Activity The site is eligible for termination by one of the following methods:			
<input 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 checked="" 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 checked="" 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.			

George Birch

Permittee printed name

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

EHS Manager

Title

02-27-2024

Date Signed

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