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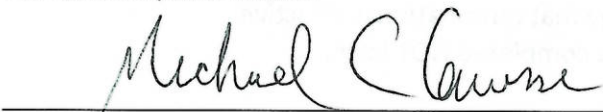
By Latesha Newman at 2:20 pm, Apr 07, 2025

DEPARTMENT OF  
**ECOLOGY**  
State of Washington**Notice of Termination Form****Construction Stormwater General Permit***Use this form to request termination of permit.*

<b>I. Operator/Permittee</b>		<b>Permit #:</b> WAR 309054
Name: Michael Cawrse		Company: Seattle Department of Transportation
Mailing Address: PO Box 34996		
City: Seattle	State: WA	Zip: 98124-4996
Phone: 206-733-9963		Email: michael.cawrse@seattle.gov
<b>II. Site Location/Address</b>		
Site name: 2020 NW Market St AAC Paving		
Street address (or location description): NW Market St between 24th Ave NW and 15th Ave NW		
City (or nearest city): Seattle	County: King	Zip: 98107
<b>III. Construction Activity:</b> The site is eligible for termination. Select ONE of the following conditions:		
<input checked="" type="radio"/> Construction was never started.		
<input type="radio"/> Entire site has undergone final stabilization, all temporary BMPs are removed, all stormwater discharges associated with construction activity have been eliminated. (See Permit Condition S10.A.1.)		
<input type="radio"/> All portions of site that have not undergone final stabilization have been sold and/or transferred, and Permittee no longer has operational control of the construction activity. (Permit Condition S10.A.2.) Will a Transfer of Coverage be completed with the new Owner? If yes, please attach a copy of the transfer form (required) If no, provide new owner's contact information:		
<input type="radio"/> For residential construction only, the Permittee has completed temporary stabilization of the entire project and the homeowners have taken possession of the residences (Permit Condition S10.A.3.)		
<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 fines and imprisonment for knowing violations.		

**Michael C Cawrse**

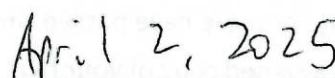
Permittee's printed name



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

**Stormwater Program Manager**

Title



Date Signed

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