

Instructions for Notice of Termination Form

Zostera japonica Management on Commercial Clam Beds in Willapa Bay General Permit

Submit a Notice of Termination Form to the Department of Ecology when: All discharges to water of imazamox and dyes are eliminated and will not be continued in future years.

- I. Permittee Information** Give the name, address, and telephone number of the Permittee (person who is responsible for the permit coverage). This person will also be sent the final fee invoice.
- II. Permit Site Information** Enter the permit number, site name (e.g. lake name), city (or nearest city), and county for the waterbody covered by the permit.
- III. Certification of Permittee** Read this statement carefully. The Permittee, must print his or her name for clarity, then sign and date the document on the lines provided. Refer to General Condition G15 in the permit for signatory requirements.

Please sign and return this original document to the following address and retain a copy for your records:

Department of Ecology
Water Quality Program
Attn: Aquatic Pesticide Permit Manager
PO Box 47600
Olympia, WA 98504-7600

Note: Your site remains under permit and subject to all permit conditions until your termination is effective. 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. The 31st day following Ecology's receipt of this form.

Questions?

Email at nathan.lubliner@ecy.wa.gov or call: Nathan Lubliner at 360-407-6563.

If you need this document in a version for the visually impaired, call the Water Quality Program at 360-407-6401. Persons with hearing loss may call 711 for Washington Relay Service. Persons with a speech disability may call 877-833-6341.

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Notice of Termination Form

Zostera japonica Management on Commercial Clam Beds in Willapa Bay General Permit

Use this form to request termination of permit coverage. Permittees are responsible for any permit fees due, even when permit coverage is terminated.

I. Permittee Information

Permittee's Name:		
Company:		
Mailing Address:		
City:	State:	Zip:
E-Mail:	Phone:	

II. Permit Site Information

Permit Number:	
Site Name:	
City (or nearest city):	County:

III. Certification of Permittee

<p>"I certify under penalty of law that all pesticide discharges to waters of the state associated with <i>Zostera japonica</i> control have been permanently eliminated. I understand that by submitting this Notice of Termination, that I am no longer authorized to discharge pesticides associated with <i>Zostera japonica</i> control, and that discharging pollutants into waters bodies of the State of Washington without a permit is unlawful under state law (Chapter 90.48 RCW) and the Clean Water Act. I also understand that the submittal of this Notice of Termination does not release the permittee from liability for any violations of this permit or state law."</p>	
Print Name:	
Signature:	Date:

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