



New York State Department of Environmental Conservation

Division of Water

625 Broadway, 4th Floor
Albany, New York 12233-3505

NOTICE OF TERMINATION for Storm Water Discharges Associated with
Construction Activity UNDER SPDES GENERAL PERMIT: [] #GP-93-06 or [] #GP-02-01

Please indicate your permit identification number: NYR [] [] [] [] [] [] [] []

I. Permittee Information

1. Owner/Operator Name:
2a. Mailing Address: 2b. City/State/Zip:
3a. Contact Person: 3b. Phone: 3c. E-mail:

II. Site /Activity Information

4. Facility/Project Site Name:
5a. Street Address: 5b. City/State/Zip:
6. County:

III. Reason for Termination

7a. [] Site has been finally stabilized in accordance with permit and SWPPP. Date site stabilization completed: _____ month/year
7b. [] Permit coverage has been transferred to new owner/operator. Indicate new owner/operator's permit identification number: NYR _ _ _ _ _
(Note: Permit coverage can not be terminated by permittee identified in I.1. above until new owner/operator obtains coverage under GP-02-01)

IV. Final Site Information:

8a. Are there permanent stormwater management practices remaining on the site? [] yes [] no
If the answer to question 8a. is no, go to question 8e.
If the answer to question 8a. is yes, answer the following questions 8b., 8c., and 8d.:
8b. Is the design and function of each permanent practice described in the final SWPPP? [] yes [] no
8c. Who will be responsible for long-term operation and maintenance of practice(s)? _____
8d. Has the individual(s) responsible for long-term operation and maintenance been given a copy of the operation and maintenance requirements? [] yes [] no
8e. Provide the total acreage of impervious surface (i.e. roof, pavement, concrete, gravel, etc.) constructed within the disturbance area? _____

V. Certification

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person(s) who manage the system, or those persons directly responsible for gathering the information, 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.

Printed Name: Title/Position:
Signature: Date: