

Notice of Termination
General VPDES Permit for Discharges of Stormwater from Construction Activities (VAR10)

(Please Type or Print All Information)

1. Construction Activity Operator:

Name: _____

Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email address (if available): _____

2. Name and Location of the Construction Activity: (As listed on the Registration Statement.)

Name: _____

Address (if available): _____

City: _____ State: _____ Zip: _____

County (if not located within a City): _____

Latitude (decimal degrees): _____ Longitude (decimal degrees): _____

3. General Permit Registration Number: _____

4. Reason for Terminating Coverage Under the General Permit: (The operator shall submit a Notice of Termination after one or more of the following conditions have been met.)

☐ A. Necessary permanent control measures included in the SWPPP for the site are in place and functioning effectively and final stabilization has been achieved on all portions of the site for which the operator is responsible. When applicable, long-term responsibility and maintenance requirements for permanent control measures shall be recorded in the local land records prior to the submission of a notice of termination;

☐ B. Another operator has assumed control over all areas of the site that have not been finally stabilized and obtained coverage for the ongoing discharge;

☐ C. Coverage under an alternative VPDES or state permit has been obtained; or

☐ D. For residential construction only, temporary soil stabilization has been completed and the residence has been transferred to the homeowner.

The notice of termination should be submitted no later than 30 days after one of the above conditions being met. Authorization to discharge terminates at midnight on the date that the notice of termination is submitted for the conditions set forth in subsections B through D above, unless otherwise notified by the VSMP authority or the Department. Termination of authorizations to discharge for the conditions set forth in subsection A above shall be effective upon notification from the Department that the provisions of subsection A have been met or 60 days after submittal of the notice of terminations, whichever occurs first.

5. Permanent Control Measures Installed: (When applicable, a list of the on-site and off-site permanent control measures (both structural and nonstructural) that were installed to comply with the stormwater management technical criteria. Attach a separate list if additional space is needed.)

Permanent Control Measure #1

Type of Permanent Control Measure: _____

Date Functional: _____

Address (if available): _____

City: _____ State: _____ Zip: _____

County (if not located within a City): _____

Latitude (decimal degrees): _____ Longitude (decimal degrees): _____

Receiving Water: _____

Total Acres Treated: _____ Impervious Acres Treated: _____

Permanent Control Measure #2

Type of Permanent Control Measure: _____

Date Functional: _____

Address (if available): _____

City: _____ State: _____ Zip: _____

County (if not located within a City): _____

Latitude (decimal degrees): _____ Longitude (decimal degrees): _____

Receiving Water: _____

Total Acres Treated: _____ Impervious Acres Treated: _____

Permanent Control Measure #3

Type of Permanent Control Measure: _____

Date Functional: _____

Address (if available): _____

City: _____ State: _____ Zip: _____

County (if not located within a City): _____

Latitude (decimal degrees): _____ Longitude (decimal degrees): _____

Receiving Water: _____

Total Acres Treated: _____ Impervious Acres Treated: _____

6. **Participation in a Regional Stormwater Management Plan:** (When applicable, information related to the participation in a regional stormwater management plan. Attach a separate list if additional space is needed.)

Regional Stormwater Management Facility

Type of Regional Stormwater Management Facility: _____

Address (if available): _____

City: _____ State: _____ Zip: _____

County (if not located within a City): _____

Latitude (decimal degrees): _____ Longitude (decimal degrees): _____

Total Site Acres Treated: _____ Impervious Site Acres Treated: _____

7. **Perpetual Nutrient Credits:** (When applicable, information related to perpetual nutrient credits that were acquired in accordance with § 62.1-44.15:35 of the Code of Virginia. Attach a separate list if additional space is needed.)

Nonpoint Nutrient Credit Generating Entity

Name: _____

Perpetual Nutrient Credits Acquired (lbs/acre/year): _____

8. **Certification:** "I certify under penalty of law that I have read and understand this Notice of Termination and that this document and all attachments were prepared in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons 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: _____

Signature: _____ Date: _____

(Please sign in INK. This Certification must be signed by the appropriate person associated with the operator identified in Item #1.)

Instructions for Completing the Notice of Termination

General VDPES Permit for Discharges of Stormwater from Construction Activities (VAR10)

GENERAL

A Notice of Termination must be submitted when an operator no longer wishes to be covered under the General VDPES Permit for Discharges of Stormwater from Construction Activities (VAR10).

All Notice of Terminations should be submitted to:

**Department of Environmental Quality
Office of Stormwater Management, 10th Floor
P.O. Box 1105
Richmond, VA 23218**

LINE-BY-LINE INSTRUCTIONS

Item 1: Construction Activity Operator Information.

Provide the legal name (do not use a colloquial name), contact, mailing address, telephone number, and email address (if available) of the construction activity operator that was issued general permit coverage.

Item 2: Name and Location of the Construction Activity Information.

Provide the official name, street address (if available), city or county (if not located within a City) of the construction activity. Also, provide the latitude and longitude in decimal degrees of the approximate center of the construction activity (e.g., N 37.5000, W 77.5000). NOTE: This information can be obtained from the previously submitted Registration Statement.

Item 3: General Permit Registration Number.

Provide the existing general permit registration number for the construction activity identified in Item 2.

Item 4: Reason for Termination.

Indicate the appropriate reason for submitting this Notice of Termination. The Notice of Termination may only be submitted after one or more of the following conditions have been met:

a. Necessary permanent control measures included in the SWPPP for the site are in place and functioning effectively and final stabilization has been achieved on all portions of the site for which the operator is responsible. When applicable, long-term responsibility and maintenance requirements for permanent control measures shall be recorded in the local land records prior to the submission of a notice of termination;

b. Another operator has assumed control over all areas of the site that have not been finally stabilized and obtained coverage for the ongoing discharge;

c. Coverage under an alternative VDPES or state permit has been obtained; or

d. For residential construction only, temporary soil stabilization has been completed and the residence has been transferred to the homeowner.

The Notice of Termination should be submitted no later than 30 days after one of the above conditions being met.

Item 5: Permanent Control Measures (when applicable).

For each on-site and off-site permanent control measure (both structural and non-structural) that was installed to comply with the stormwater management technical criteria provide the following information:

a. The type of permanent control measure;

b. The date that the permanent control measure became functional as a post-development stormwater management control;

c. The street address (if available), City or County (if not located within a City) of the permanent control measure;

d. The latitude and longitude in decimal degrees of the approximate center of the permanent control measure;

e. The receiving water of the permanent control measure; and

f. The number of total and impervious acres treated by the permanent control measure (to the nearest one-tenth of an acre).

Attach a separate list if additional space is needed.

Item 6: Participation in a Regional Stormwater Management Plan (when applicable).

For each Regional Stormwater Management Facility provide the following information:

a. The type of regional facility to which the site contributes;

b. The street address (if available), City or County (if not located within a City) of the regional facility;

c. The latitude and longitude in decimal degrees of the approximate center of the regional facility; and

d. The number of total and impervious site acres treated by the regional facility (to the nearest one-tenth of an acre).

Attach a separate list if additional space is needed.

Item 7: Perpetual Nutrient Credits (when applicable).

Provide the following information related to perpetual nutrient credits that were acquired in accordance with § 62.1-44.15:35 of the Code of Virginia:

a. The name of the nonpoint nutrient credit generating entity from which perpetual nutrient credits were acquired; and

b. The number of perpetual nutrient credits acquired (lbs. per acre per year).

Attach a separate list if additional space is needed.

Item 8: Certification.

A properly authorized individual associated with the operator identified in Item 1 of the Registration Statement is responsible for certifying and signing the Registration Statement. **Please sign the Registration Statement in INK.**

State statutes provide for severe penalties for submitting false information on the Registration Statement. State regulations require that the Registration Statement be signed as follows:

a. For a corporation: by a responsible corporate officer. For the purpose of this part, a responsible corporate officer means:

(i) A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy-making or decision-making functions for the corporation, or

(ii) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions that govern the operation of the regulated

facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long-term compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

b. For a partnership or sole proprietorship: by a general partner or the proprietor, respectively.

c. For a municipality, state, federal, or other public agency: by either a principal executive officer or ranking elected official. For purposes of this part, a principal executive officer of a public agency includes:

(i) The chief executive officer of the agency, or

(ii) A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.