

**Notice of Termination**  
**For Portions of an Ongoing Construction Site**  
Permitted under an Individual Construction  
Stormwater Discharge Permit



Submission of this completed form constitutes notice that the entity in Section B seeks to terminate the authorization to discharge under an Individual Construction Stormwater Discharge Permit for those parts of the project described Section A.

**A. Project Information**

1. Project Name: \_\_\_\_\_ 2. Permit Number: \_\_\_\_\_

3. Description of Portion of Construction Site for which termination is sought (**include map**):

**B. Permittee Information**

1. Name: \_\_\_\_\_

2. Mailing Address:

a. Street/PO Box: \_\_\_\_\_

b. City/Town: \_\_\_\_\_ c. State: \_\_\_\_\_ d. Zip: \_\_\_\_\_

3. Contact Information:

a. Phone: \_\_\_\_\_ b. Fax: \_\_\_\_\_ c. Email: \_\_\_\_\_

**C. Operator Information**

1. Name: \_\_\_\_\_

2. Mailing Address:

a. Street/PO Box: \_\_\_\_\_

b. City/Town: \_\_\_\_\_ c. State: \_\_\_\_\_ d. Zip: \_\_\_\_\_

3. Contact Information:

a. Phone: \_\_\_\_\_ b. Fax: \_\_\_\_\_ c. Email: \_\_\_\_\_

**D. Basis for Termination (choose one):**

- Final stabilization has been achieved on the portion of the site for which termination is sought
- Title of portion transferred to a new owner who has CGP or Individual Permit coverage
- A new operator has assumed control over the portion and has CGP or Individual Permit coverage
- Temporary stabilization completed on a residence transferred to new owner

1. Date of above action:

2. New Permittee/Operator Name (if applicable): \_\_\_\_\_

**E. Certifications**

I hereby certify that the parcel described in Section A has achieved final stabilization or is otherwise eligible for termination as specified in Section D. I hereby request that the parcel described in Section A be terminated from coverage under the authorized permit.

**On-Site Plan Coordinator:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EPSC Specialist:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorized Representative of Permittee:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit Original Form to:**  
Watershed Management Division  
1 National Life Drive  
Main Building, Second Floor  
Montpelier, T 05620-3511