

**New York State Department of Environmental Conservation  
Division of Water  
625 Broadway, 4th Floor  
Albany, New York 12233-3505**

\*(NOTE: Submit completed form to address above)\*

**NOTICE OF TERMINATION for Storm Water Discharges Authorized  
under the SPDES General Permit for Construction Activity**

**Please indicate your permit identification number:** NYR \_\_\_\_\_

**I. Owner or Operator Information**

1. Owner/Operator Name:

2. Street Address:

3. City/State/Zip:

4. Contact Person:

4a. Telephone:

4b. Contact Person E-Mail:

**II. Project Site Information**

5. Project/Site Name:

6. Street Address:

7. City/Zip:

8. County:

**III. Reason for Termination**

9a.  All disturbed areas have achieved final stabilization in accordance with the general permit and SWPPP. \*Date final stabilization completed (month/year): \_\_\_\_\_

9b.  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 owner identified in I.1. above until new owner/operator obtains coverage under the general permit)

9c.  Other (Explain on Page 2)

**IV. Final Site Information:**

10a. Did this construction activity require the development of a SWPPP that includes post-construction stormwater management practices?  yes  no (If no, go to question 10f.)

10b. Have all post-construction stormwater management practices included in the final SWPPP been constructed?  yes  no (If no, explain on Page 2)

10c. Identify the entity responsible for long-term operation and maintenance of practice(s)?

\_\_\_\_\_

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10d. Has the entity responsible for long-term operation and maintenance been given a copy of the operation and maintenance plan required by the general permit?     yes     no

10e. Indicate the method used to ensure long-term operation and maintenance of the post-construction stormwater management practice(s):

- Post-construction stormwater management practice(s) and any right-of-way(s) needed to maintain practice(s) have been deeded to the municipality.
- Executed maintenance agreement is in place with the municipality that will maintain the post-construction stormwater management practice(s).
- For post-construction stormwater management practices that are privately owned, a mechanism is in place that requires operation and maintenance of the practice(s) in accordance with the operation and maintenance plan, such as a deed covenant in the owner or operator's deed of record.
- For post-construction stormwater management practices that are owned by a public or private institution (e.g. school, university or hospital), government agency or authority, or public utility; policy and procedures are in place that ensures operation and maintenance of the practice(s) in accordance with the operation and maintenance plan.

10f. Provide the total area of impervious surface (i.e. roof, pavement, concrete, gravel, etc.) constructed within the disturbance area? \_\_\_\_\_  
(acres)

11. Is this project subject to the requirements of a regulated, traditional land use control MS4?     yes  
 no  
(If Yes, complete section VI - "MS4 Acceptance" statement)

**V. Additional Information/Explanation:**  
(Use this section to answer questions 9c. and 10b., if applicable)

**VI. MS4 Acceptance - MS4 Official (principal executive officer or ranking elected official) or Duly Authorized Representative** (Note: Not required when 9b. is checked -transfer of coverage)

I have determined that it is acceptable for the owner or operator of the construction project identified in question 5 to submit the Notice of Termination at this time.

Printed Name:

Title/Position:

Signature:

Date:

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**VII. Qualified Inspector Certification - Final Stabilization:**

I hereby certify that all disturbed areas have achieved final stabilization as defined in the current version of the general permit, and that all temporary, structural erosion and sediment control measures have been removed. Furthermore, I understand that certifying false, incorrect or inaccurate information is a violation of the referenced permit and the laws of the State of New York and could subject me to criminal, civil and/or administrative proceedings.

Printed Name:

Title/Position:

Signature:

Date:

**VIII. Qualified Inspector Certification - Post-construction Stormwater Management Practice(s):**

I hereby certify that all post-construction stormwater management practices have been constructed in conformance with the SWPPP. Furthermore, I understand that certifying false, incorrect or inaccurate information is a violation of the referenced permit and the laws of the State of New York and could subject me to criminal, civil and/or administrative proceedings.

Printed Name:

Title/Position:

Signature:

Date:

**IX. Owner or Operator Certification**

I hereby certify that this document was prepared by me or under my direction or supervision. My determination, based upon my inquiry of the person(s) who managed the construction activity, or those persons directly responsible for gathering the information, is that the information provided in this document is true, accurate and complete. Furthermore, I understand that certifying false, incorrect or inaccurate information is a violation of the referenced permit and the laws of the State of New York and could subject me to criminal, civil and/or administrative proceedings.

Printed Name:

Title/Position:

Signature:

Date:

(NYS DEC Notice of Termination - January 2015)