



Notice of Termination Form

Vessel Deconstruction General Permit

Use this form to request termination of permit coverage.

Permit Number (e.g. WAG000003):		Vessel / Project Name:	
Operator/Permittee (Party with operational control over plans and specifications or day-to-day operational control of activities which ensure compliance with the Deconstruction and Site Management Plan and permit conditions. Ecology will send correspondence and permit fee invoices to the permittee on record)			
Name:		Company:	
Mailing Address:			
City:		State:	Zip + 4:
Business Phone:	Ext.	Cell Phone:	E-mail:
On-Site Contact Person (Typically the Qualified Marine Professional or Operator/Permittee)			
Name:		Company:	
Mailing Address:			
City:		State:	Zip:
Business Phone:	Ext.	Cell Phone:	E-mail:
Deconstruction Activity The site is eligible for termination by one of the following methods:			
<input type="checkbox"/> Deconstruction was never started.			
<input type="checkbox"/> The vessel has been completely deconstructed. We have removed all temporary BMPs, and all discharges associated with deconstruction activity have been eliminated.			
<input type="checkbox"/> The vessel has been moved to an NPDES permitted facility for final deconstruction. We have removed all temporary BMPs, and all discharges associated with deconstruction activity have been eliminated.			
Date the vessel was moved: (date)			
Location moved to and NPDES permit number:			
<input type="checkbox"/> The vessel has been sold and/or transferred, and we no longer have operation control of the deconstruction activity. Please provide new owner contact info:			
IV. Certification of Permittees Please read the certification statement carefully before signing.			
<i>"I certify under penalty of law that this document and all attachments were 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 or persons who manage the system or those 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."</i>			

Permittee printed name

Title

Permittee signature

Date

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

Department of Ecology
Vessel Deconstruction Permit Manager
PO Box 47600
Olympia, WA 98504-7600

Questions?

Contact Josh Klimek at (360) 407-7451 or josh.klimek@ecy.wa.gov.

To request ADA accommodation including materials in a format for the visually impaired, call the Water Quality Program at 360-407-6600. Persons with impaired hearing may call Washington Relay Service at 711. Persons with a speech disability may call 877-833-6341.