



## Notice of Termination for Storm Water Permit – Application

This form should be completed by the approved permit holder who is requesting that he/she be relieved of their obligations under the following noted permit. The form must be completed in its entirety and delivered to: **SD1, Attention: Andy Aman – Environmental Compliance Administrator, 1045 Eaton Drive, Ft. Wright, KY 41017** or sent via email to **aaman@sd1.org**. The omission of required items may be cause for rejection of the request without review.

### SECTION 1: PERMIT AND PROJECT INFORMATION

Permit Number: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_

### SECTION 2: PERMITTEE

Permit Holder: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Permit Holder Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### SECTION 3: REASON FOR TERMINATION (Check One)

- Final stabilization has been achieved on all portions of the site for which you are responsible:
- All erosion protection and sediment control best management practices (e.g. silt fence, sediment basins, etc.) installed on the site have been removed.
  - Permanent vegetation has been established throughout all disturbed areas with a density of at least 70%.
  - Record drawings of storm sewers and storm water control facilities for this permitted project has been submitted in accordance with Section 1111 (Section 810 prior to October 2011) of SD1's Storm Water Rules and Regulations.
  - The Post-Construction Best Management Practices Installation Certification has been submitted.(LDPs issued after October 2011 only)
- Other – Please explain (attach additional sheet if necessary)

### SECTION 4: CERTIFICATION OF REQUEST

"I hereby certify that this document and any attachments were prepared under my direction or supervision and that the information submitted is to the best of my knowledge and belief, true, accurate and complete."

Printed name of owner/person financially responsible: \_\_\_\_\_

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



**SECTION 5: FOR INTERNAL USE ONLY**

Check all that apply:

- |                                                                                       |             |           |
|---------------------------------------------------------------------------------------|-------------|-----------|
| <input type="checkbox"/> Project site approved                                        | Date: _____ | By: _____ |
| <input type="checkbox"/> Record drawing approved                                      | Date: _____ | By: _____ |
| <input type="checkbox"/> Post-Construction BMP Installation<br>Certification approved | Date: _____ | By: _____ |
| <input type="checkbox"/> Punch-list sent                                              | Date: _____ | By: _____ |
| <input type="checkbox"/> Notice of Termination approved                               | Date: _____ | By: _____ |