

Notice of Termination
City of Fairfax Virginia Stormwater Management Program (VSMP) Authority Permit

(Please Type or Print All Information)

1. Project Site Owner

Name: _____
Contact: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Email address (if available): _____

2. Name and Location of the Construction Activity (as listed on the VSMP Authority Permit Application)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Latitude (decimal degrees): _____ Longitude (decimal degrees) : _____

3. VSMP Authority Permit Number: _____

4. Reason for Terminating Coverage Under the VSMP Authority Permit:

The applicant 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 and/or site plan are in place and functioning effectively and final stabilization has been achieved on all portions of the site for which the owner is responsible. **When applicable, long term responsibility and maintenance requirements for permanent control measures (BMP/SWM Agreement) shall be recorded in the local land records prior to the submission of a Notice of Termination. Attach a copy to this Notice of Termination.**
- B.** Another owner has assumed control over all areas of the site that have not been finally stabilized and obtained coverage for the ongoing discharge.
- C.** For residential construction only, temporary soil stabilization has been completed and the residence has been transferred to the homeowner AND no BMPs are on site or on the site plans.

This 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 & C above, unless otherwise notified by the VSMP Authority. Termination of authorizations to discharge for the conditions set forth in subsection A above shall be effective upon notification from the VSMP Authority that the provisions of subsection A have been met or 60 days after submittal of the Notice of Termination, 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: _____
City: _____ State: _____ Zip: _____
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: _____

City: _____ State: _____ Zip: _____

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: _____

City: _____ State: _____ Zip: _____

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

Receiving Water: _____

Total Acres Treated: _____ Impervious Acres Treated: _____

Permanent Control Measure #4

Type of Permanent Control Measure: _____

Date Functional: _____

Address: _____

City: _____ State: _____ Zip: _____

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: _____

City: _____ State: _____ Zip: _____

County (if not located within a City): _____

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

Total Acres Treated: _____ Impervious Acres Treated: _____

7. **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 owner identified in Item #1.)