

State of Wisconsin  
 Division of Safety & Buildings  
**PLAN REVIEW Transaction #** \_\_\_\_\_  
 (same trans. # as on Notice of Intent confirmation ltr.)

**NOTICE OF TERMINATION  
 Of Coverage For Storm Water Discharges  
 Associated With Commercial Building  
 Construction**

This form is authorized by s. 147.025, Wis. Stats. Submittal of a completed form to the Department is mandatory for any owner of a construction site storm water discharge who must apply for a permit in accordance with 40 CFR Part 122, Chapter 147, Wis. Stats., and Chapter Comm 61, Wis. Adm. Code. Failure to submit a completed form to the Department after the site undergoes final stabilization may result in fines not to exceed \$10,000 per day, pursuant to s 281 Wis. Stats. Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m), Stats.]

Submission of this NOTICE OF TERMINATION constitutes notice that the party identified in Section I of this form is no longer authorized to discharge storm water from construction sites under a general WPDES permit.

ALL NECESSARY INFORMATION MUST BE PROVIDED ON THIS FORM. Please read all instructions on the back of this form before completing it.

**SECTION I: OWNER/OPERATOR INFORMATION**

Company Name	Contact Person
Mailing Address	Title
City, State, Zip Code	Telephone Number

**SECTION II: CONTRACTOR INFORMATION**

Name	Contact Person
Mailing Address	Title
City, State, Zip Code	Telephone Number

**SECTION III: CONSTRUCTION SITE INFORMATION**

Site Name	
Site Address	City, State, Zip Code
County	Plan Review Number

Quarter Quarter:    Quarter:    Section:    Township:    N    Range:

Is this site wholly contained on the above quarter quarter section? (Y or N)

\*Use more space if needed to describe location of site.

**SECTION IV: CERTIFICATION**

"I certify under penalty of law that disturbed soils at the identified site have undergone final stabilization and temporary erosion and sediment control measures have been removed, or that all storm water discharges associated with construction activity that are authorized by a general WPDES permit have otherwise been eliminated. I understand that by submitting this notice of termination, I am no longer authorized to discharge storm water associated with construction activity by the general WPDES permit, and that discharging pollutants in storm water associated with construction activity to waters of Wisconsin is unlawful where the discharge is not authorized by a general WPDES permit."

Owner/Operator Printed Name	Title	Telephone Number
Owner/Operator Signature	Date Signed	Date Stabilization Completed

**Mail To: Department of Commerce  
 Safety and Buildings Division  
 3824 Creekside La  
 Holmen WI 54636**

## **Instructions - Notice of Termination**

Notice of Termination of Coverage for Storm Water Discharges Associated  
With Commercial Building Construction

Please type or print your answers to all questions. Incomplete Notice of Termination forms will be returned for completion.

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### **SECTION I: OWNER/OPERATOR INFORMATION**

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Please provide the legal name of the person, firm, public organization, or any other entity that operates the construction site described in Section III of this application and holds or qualifies for an applicable general or individual construction site storm water discharge permit. The operator of the activity is the legal entity which controls the activity's operation. In most cases, this will be the site owner. The mailing address and phone number given should be for the contact person.

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### **SECTION II: CONTRACTOR INFORMATION**

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Please provide the legal name of the person, firm, or any other entity that is the major contractor in charge of operating the construction site described in Section III of this application. The mailing address and phone number given should be for the contact person.

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### **SECTION III: CONSTRUCTION SITE INFORMATION**

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Enter the construction site's official or legal name and complete address, including county, city, state and zip code. Be sure to include the quarter, quarter, quarter, section, township and range (to the nearest quarter section) of the site. If the site is on more than one quarter, enter the quarter that best describes the location of the site. Use additional space if needed to describe the site location.

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### **SECTION IV: CERTIFICATION**

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State statutes provide for severe penalties for submitting false information on this Notice Of Termination form. State regulations require this Notice Of Termination to be signed as follows:

1. for a corporation, by a principal executive officer of at least the level of Vice President, or a duly authorized representative having overall responsibility for the operation covered by this permit;
2. for a unit of government, a principal executive officer, a ranking elected official, or other duly authorized representative;
3. for a partnership, by a general partner; by a general partner; for a sole proprietorship, by the proprietor.

After signature provide the name of the individual signing the Notice Of Termination and date of signature. If the form was prepared by a consultant or someone other than an employee of the site owner/operator, please provide the name and address.