



# UPDES STORM WATER NOTICE OF TERMINATION INSPECTION FORM

## BACKGROUND INFORMATION

Site Name:		UPDES Permit #:
Site Address:		
Local Jurisdiction or County:		
Permit Effective Date:		Permit Expiration Date:
Total Project Area:		Total Disturbed Area:
Project Type: (circle) <i>Subdivision</i> <i>Commercial</i> <i>Industrial</i> <i>Linear (Road/Pipe/Power)</i> <i>Land Disturbance</i>		

## OPERATOR CONTACT INFORMATION

	NAMES	PHONE NUMBERS	E-MAIL
Operator:			
Onsite Facility Contact:			
Important Contacts:			
Important Contacts:			

## NOTICE OF TERMINATION (NOT) INSPECTION

Site Name:		Date of Evaluation:	
Site Address:			
Inspected By:		Title/Organization:	
	YES	NO	COMMENTS:
1. Has the site been properly stabilized according to permit requirements?			
2. Have all temporary BMPs been removed?			
3. Have post-construction (permanent storm water system) elements been constructed and inspected in accordance with approved project drawings?			
4. Is the site acceptably clean?			

*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 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.*

Inspector:	(Print Name)	(Title)	(Signature)	(Date)
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Operator:	(Print Name)	(Title)	(Signature)	(Date)
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