



**Minnesota Pollution Control Agency**

520 Lafayette Road North  
St. Paul, MN 55155-4194

# Notice of Termination/ Permit Modification Form

## NPDES Construction Stormwater Permit Program

Transfer or terminate your National Pollutant Discharge Elimination System (NPDES) Construction Stormwater Permit. Allowable changes are permit termination and permit transfer for all or a portion of the site. This form replaces the Notice of Termination (NOT), Permit Transfer, Permit Modification, and Subdivision Registration forms used under the former permit.

**Instructions** for this form are located on the Internet at <http://www.pca.state.mn.us/publications/wq-strm2-60i.pdf>.

**Form will be invalid and returned to sender unless the checkbox associated with the applicable actions is checked and the corresponding signature is provided in section A-1, A-2, A-3, and or A-4.**

Please submit to: **Construction Stormwater Permit Program**  
Minnesota Pollution Control Agency  
520 Lafayette Road North  
St. Paul, Minnesota 55155-4194

### Existing Permit Identification

a. Current permit ID: C000 \_ \_ \_ \_ \_ or SUB00 \_ \_ \_ \_ \_

b. Project name: \_\_\_\_\_

Project location: \_\_\_\_\_

*Briefly describe where the construction activity occurs (for example: Intersection of 45th St. and Irving Ave.). Include address if available.*

### Select Option 1, 2, or 3

1. Notice of Termination (NOT) for entire site by existing owner

Select this option when a project has achieved final stabilization with existing owner / contractor and no part of the site is being transferred to a new owner and all construction activity is complete.

c.  Notice of Termination for entire existing permitted site or a subdivided site. (Current owner and contractor must sign under the "Current" Owner and "Current" Contractor sections respectively).

Check above box and sign section A-1 and A-2 on page 2.

2. Transfer of entire site to new owner or contractor (Transfer/Modification)

Select this option if the **entire** site (represented by the ID above) has either a new owner and/or new general contractor. Check all the boxes below that apply.

d.  New Owner for entire existing permitted site.

f.  Current Owner for entire existing permitted site.

e.  New Contractor for entire existing permitted site.

g.  Current Contractor for entire existing permitted site.

Check above box(es) and sign section A-3 and A-4 page 3 and or check above box(es) and sign section A-1 and A-2 page 2  
*Both "Current" and "New" Parties must sign this form (preferred), however, separate forms are acceptable.*

3. Transfer of a portion of a site to a new owner or contractor (Subdivision)

Select this option if a **portion** of a site (permitted under the ID above) has either a new owner and/or new general contractor. Check the boxes below that apply.

h. Describe the portion of the site being transferred: Lot \_\_\_\_\_ Block \_\_\_\_\_

Project location/address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

*Example: SW quadrant of 45th Street and Irving Avenue or Lots 1-17 of block 20. Include list of addresses if available or include a map*

i.  New Owner for portion of existing site.

k.  Current Owner of the portion to be transferred.

j.  New Contractor for portion of existing site.

l.  Current Contractor of the portion to be transferred.

Check above box(es) and sign section A-3 and A-4 page 3 and or check above box(es) and sign section A-1 and A-2 page 2

*Both "Current" and "New" Parties must sign this form (preferred), however, separate forms are acceptable.*

## Current Owner Authorized Signature (A-1)

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Business/Firm name: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Alternate contact:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

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 this system, or the persons directly responsible for gathering the information, the information 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 also certify under penalty of law that I have read, understood, and accepted all terms and conditions of the National Pollutant Discharge Elimination System (NPDES)/State Disposal System (SDS) General Stormwater Permit Construction Activity (MN R100001) that authorizes stormwater discharges associated with the construction site identified on this form.

**Authorized signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This Application must be signed by: **Corporation:** a principal executive officer of at least the level of vice-president or the duly authorized representative or agent of the executive officer if the representative or agent is responsible for the overall operation of the facility that is the subject of the permit application. **Partnership or Sole Proprietorship:** a general partner or the proprietor. **Municipality, State, Federal or Other Public Agency:** principal executive officer or ranking elected official.*

## Current Contractor Authorized Signature (A-2)

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Business/Firm name: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Alternate contact:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

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 this system, or the persons directly responsible for gathering the information, the information 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.

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**Authorized signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## "New" Owner Authorized Signature (A-3)

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Business/Firm name: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Alternate contact:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

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 this system, or the persons directly responsible for gathering the information, the information 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.

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**Authorized signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## "New" Contractor Authorized Signature (A-4)

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Business/Firm name: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Alternate contact:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

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 this system, or the persons directly responsible for gathering the information, the information 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.

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**Authorized signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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If you have questions about the administrative details of the permit process go to: <http://www.pca.state.mn.us/publications/wq-strm2-60i.pdf> or call the Minnesota Pollution Control Agency at **651-296-6300** or **800-657-3864** and ask for "Construction Stormwater." If you have technical questions, ask for the "Stormwater Policy and Technical Assistance Unit."