Date

Permittee Contact Person First and Last Names **SENT VIA E-MAIL:** email address

Permittee Legal Name (Permittee) **RECEIPT CONFIRMATION REQUESTED**

Address

City, State Zip

Re: Virginia Water Protection (VWP) General Permit Tracking No. WP#-##-####

 Project Name, County/City, Virginia

 Termination of VWP General Permit Coverage

Dear Permittee Contact Person First and Last Names:

The Virginia Department of Environmental Quality (DEQ) received your [choose one: termination of coverage request or Termination Agreement Form] on Date, for the above-referenced project. The letter or form, dated Date or signed Date, requested that the permit coverage be terminated due to [choose one: project completion or project cancellation or events beyond permittee’s control]. DEQ has terminated the VWP general permit coverage referenced above in accordance with Choose an item.-90.A. Termination is effective immediately.

Please contact DEQ at [select processing office email and phone #] Choose an item. or Choose an item. if you have any questions.

Respectfully,

Name

Regional VWPP Program Manager

cc: Authorized Agent Name, Company

Name, U.S. Army Corps of Engineers

Beth Howell, Virginia Marine Resources Commission, Building 96, 380 Fenwick Road, Ft.

Monroe, VA 23651, or jpa.permits@mrc.Virginia.gov