**Termination Agreement Form**

Date

To: Regional VWPP Program Manager

 Virginia Department of Environmental Quality

 Name Regional Office

Address

City, Virginia Zip

Regional Email@deq.virginia.gov

Re: Termination of Coverage

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

 Project Name, County/City, Virginia

The Termination of Coverage is being requested for the following reason(s):

[Ex.: The authorized impacts have been taken, and the compensatory mitigation requirements have been satisfied.]

I hereby consent to the termination of coverage for VWP General Permit Tracking No. WP#-##-#### and waive my right to a public hearing in accordance with 9VAC25-[(660)(670)(680)(690)]-90.A and Procedural Rule No. 1, Section 9VAC25-230-100.

I certify that the permit is [ ]  / is not [ ]  subject to a pending state or federal enforcement action, including citizen suits, brought under state or federal law.

[Pick one of the following paragraphs:

For Project Completion

I certify under penalty of law that all activities and any required compensatory mitigation authorized by the VWP general permit and general permit coverage have been completed. I understand that by submitting this notice of termination I am no longer authorized to perform activities in surface waters in accordance with the VWP general permit and general permit coverage, and that performing activities in surface waters is unlawful where the activity is not authorized by the VWP permit or coverage, unless otherwise excluded from obtaining coverage. I also understand that the submittal of this notice does not release me from liability for any violations of the VWP general permit or coverage.

For Project Cancelation

I certify under penalty of law that the activities and any required compensatory mitigation authorized by the VWP general permit and general permit coveragewill not occur. I understand that by submitting this notice of termination I am no longer authorized to perform activities in surface waters in accordance with the VWP general permit and general permit coverage, and that performing activities in surface waters is unlawful where the activity is not authorized by the VWP permit or coverage, unless otherwise excluded from obtaining coverage. I also understand that the submittal of this notice does not release me from liability for any violations of the VWP general permit or coverage, nor does it allow me to resume the authorized activities without reapplication and coverage.

For events beyond permittee control, the permittee shall provide a detailed explanation of the events, to be approved by DEQ, and the following certification statement

I certify under penalty of law that the activities or the required compensatory mitigation authorized by the VWP general permit and general permit coverage have changed as the result of events beyond my control (see attached). I understand that by submitting this notice of termination I am no longer authorized to perform activities in surface waters in accordance with the VWP general permit and general permit coverage, and that performing activities in surface waters is unlawful where the activity is not authorized by the VWP permit or coverage, unless otherwise excluded from obtaining coverage. I also understand that the submittal of this notice does not release me from liability for any violations of the VWP general permit or coverage, nor does it allow me to resume the authorized activities without reapplication and coverage.]

Permittee: Permittee Legal Name

 Address

 City, State Zip

 Phone

 Email

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This form must be signed by properly authorized individuals.**