



CITY OF DURANGO
Stormwater Quality Permit
Inactivation Notice

City use Only:

Date Received Stamp

Effective: _____
Year Month Day

STORMWATER QUALITY PERMIT INACTIVATION NOTICE

Contact Information

City of Durango
Department of Engineering
949 East Second Avenue (mailing address)
1235 Camino Del Rio (office location)
Durango, CO 81301
Web Page: <http://www.durangogov.org/stormwater/stormwaterquality.cfm>

Telephone: (970) 375-4810
Email: boysengb@ci.durango.co.us

Print or type all information. All items must be filled out completely and correctly. If the form is not complete, it will be returned. All permit termination dates are effective on the date approved by the City of Durango.

**MAIL OR DELIVER ORIGINAL FORM WITH INK SIGNATURES TO THE ADDRESS LISTED ABOVE.
FAXED OR EMAILED FORMS WILL NOT BE ACCEPTED.**

PART A. IDENTIFICATION OF PERMIT Please write the stormwater quality permit number to be terminated

City of Durango Stormwater Quality Permit Certification No. SQP - _____

PART B. PERMITTEE INFORMATION

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Legal Contact Name: _____ Title: _____

Email Address: _____ Telephone No: _____

PART C. FACILITY/PROJECT INFORMATION

Facility/Project Name: _____

Facility Address (location): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Local Contact Name: _____ Title: _____

Email Address: _____ Telephone No: _____

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PART D. TERMINATION VALIDATION CRITERIA

One of the criteria (1 or 2) below must be met, the appropriate box checked, and the required additional information provided. Part E includes a certification that the criteria indicated has been met.

1: Finally Stabilized or Construction Not Started – The permitted activities covered under the certification listed in Part A meet the requirements for FINAL STABILIZATION in accordance with the permit, the Stormwater Management Plan (SWMP), and as described below. This criterion should also be selected if construction was never started and no land was disturbed, and an explanation of this condition provided in the description below.

Final Stabilization is reached when: all ground surface disturbing activities at the site have been completed including removal of all temporary erosion and sediment control measure, and uniform vegetative cover has been established with an individual plant density of at least 70 percent of predisturbance levels, or equivalent permanent, physical erosion reduction methods have been employed.

REQUIRED for Criteria 1 – Describe the methods used to meet the final stabilization c described above:

Include an attachment if additional space is required.

-OR-

2: Separate permit Coverage or Full Reassignment - All ongoing construction activities, including all disturbed areas, covered under the permit certification listed in Part A have coverage under a separate City of Durango stormwater quality permit, including the permit certification issued when the City’s Reassignment Form was used by the permittee to reassign all areas/activities.

REQUIRED for Criteria 2 – Provide the permit certification number covering the ongoing activities:

SQP - _ _ _ _

STOP! One of the two criteria above **MUST BE CHECKED** and the required information for that criterion provided, or this form will not be processed and the permit will remain active.

PART E. CERTIFICATION SIGNATURE (Required for all Termination Requests)

I understand that by submitting this notice of inactivation, I am no longer authorized to discharge stormwater associated with construction activity by the stormwater quality permit. I understand that discharging pollutants in stormwater associated with construction activities to the waters of the State of Colorado, where such discharges are not authorized by a City of Durango stormwater quality permit, is unlawful under the City of Durango Code of Ordinances, Colorado Water Quality Control Act and the Clean Water Act.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature (Legally Responsible Party): _____ Date: _____

Name (printed): _____ Title: _____

Signatory Requirements: This form shall be signed, and certified for accuracy by the Permittee/Legally Responsible party to be considered complete. In all cases, it shall be signed as follows:

- a) In the case of corporations, by a principal executive officer of at least the level of vice-president or his or her duly authorized representative, if such representative is responsible for the overall operation of the facility from which the discharge described in the application originates.
- b) In the case of a partnership, by a general partner.
- c) In the case of a sole proprietorship, by the proprietor.
- d) In the case of a municipal, state, or other public facility, by either a principal executive officer, ranking elected official, or other duly authorized employee if such representative is responsible for the overall operation of the facility from which the discharge described in the form originates.