

VPDES Construction Permit Coverage Termination Notice

1. District: _____
2. Residency: _____
3. County/City: _____
4. Project #: _____
5. UPC#: _____
6. Project Latitude*
(decimal degrees) _____
7. Project Longitude*
(decimal degrees) _____
8. Permit Registration Number: _____
9. Requested Date of Termination: _____
10. Reason for terminating coverage (check one)
 - Necessary permanent control measures (BMPs) included in the SWPPP for the site are in place and functioning effectively and final stabilization has been achieved on all portions of the site for which the operator is responsible
 - Another operator has assumed control over all areas of the site that have not been finally stabilized and obtained coverage for the ongoing discharge
 - Coverage under an alternative VPDES or State permit has been obtained.
11. Were Permanent Control Measures (BMPs) installed with this project? (**If yes, supply the appropriate information in Section I of this form for each permanent control measure installed.) Y/N
12. Was an Alternate Permanent Control Measure (BMP), other than the purchase of nutrient credits, utilized for this project? (** If yes, supply the appropriate information in Section II for each alternate BMP utilized.) Y/N
13. Were Perpetual Nutrient Credits acquired for this project? (** If yes, supply the appropriate information in Section III of this form.) Y/N

*Latitude and Longitude: Provide the latitude and longitude of the approximate center of the site or BMP, reported in terms of decimal degrees to the nearest 15 seconds. Example: 45° 30' 47" equals 45° 30' 45", which equals 45.5125 decimal degrees.

** See Section VI of the SWPPP General Information Sheets for this project for BMP information.

Project RLD (Responsible Land Disturber)

I certify that this project meets the conditions checked in Item 10 above and no longer needs coverage under the VSMP General Permit for Storm Water Discharges from Construction Activities (Construction Permit).

Signature: _____
Printed Name: _____
Title: _____ Date: _____

Section I - Permanent Control Measures (BMPs) Installed with Project**	
a) Maintenance ID	
b) Type of Permanent Control Measure (BMP) installed	
c) Date that BMP became functional as a permanent control	
d) Geographic location (county or city)	
e) Latitude* (decimal degrees)	
f) Longitude* (decimal degrees)	
g) 6th Order HUC. Example: YO28	
h) Receiving water	
i) Total number of project acres that will be treated (to the nearest one-tenth of an acre)	
j) Total number of project impervious acres that will be treated (to the nearest one-tenth of an acre)	
k) Total number of project pervious acres that will be treated (to the nearest one-tenth of an acre)	

Final approved shop drawings of Manufactured Treatment Devices (MTDs) are to be included with the BMP information submitted with the LD-445D form.

Section II – Alternate BMP’s (other than nutrient credits) Utilized by Project**	
a) Type of BMP installed	
b) Geographic location (county or city)	
c) Latitude* (decimal degrees)	
d) Longitude* (decimal degrees)	
e) 6th Order HUC. Example YO27	
f) Receiving water	
g) Total number of project acres that will be treated (to the nearest one-tenth of an acre)	
h) Total number of project impervious acres that will be treated (to the nearest one-tenth of an acre)	
i) Total number of project pervious acres that will be treated (to the nearest one-tenth of an acre)	

*Latitude and Longitude: Provide the latitude and longitude of the approximate center of the site or BMP, reported in terms of decimal degrees to the nearest 15 seconds. Example: 45° 30' 47" equals 45° 30' 45", which equals 45.5125 decimal degrees.

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Section III – Perpetual Nutrient Credits Acquired for Project**	
a) Name of Nonpoint Nutrient Credit Generating Entity	
b) Perpetual Nutrient Credits Acquired (lbs/acre/year, to the nearest one-hundredth of a pound).	

If Nutrient Credits were purchased by others than VDOT an executed Assignment Agreement (including Nutrient Credit Bill of Sale) must be submitted with the BMP Termination information.

[NC Assignment Agreement Instructions \(Inside VDOT\)](#)

[NC Assignment Agreement \(Inside VDOT\)](#)

SWM Facility (BMP) Construction Certification ***	
I certify that the stormwater management facilities, installed on this project and listed herein, have been constructed in accordance with the approved plans.	
Signature:	_____
Printed Name:	_____
Title:	Date: _____
License Number:	_____

** See Section VI of the SWPPP General Information Sheets for this project for BMP information.

*** The construction of the SWM BMPs shall be certified by a professional registered in the Commonwealth of Virginia (Architect, Professional Engineer, Land Surveyor or Landscape Architect).