

**TERMINATION OF COVERAGE REQUEST**

**VPDES General Permit for Discharges from Contaminated Sites, Groundwater Remediation,  
Dewatering Activities and Hydrostatic Tests**

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

Attn: \_\_\_\_\_ (fill in name of Regional Case Manager)

VPDES Permit Registration #: VAG83\_\_\_\_\_

Site Name: \_\_\_\_\_  
(please match facility name listed on the Registration Statement)

Please denote your termination of coverage request by placing an "x" in front of either request 1 or 2 below (do not place an "x" in front of both requests).

1. \_\_\_ I hereby request termination of coverage under the VPDES General Permit for Discharges from Contaminated Sites, Groundwater Remediation, Dewatering Activities and Hydrostatic Tests for all discharges from the facility listed above.

2. \_\_\_ I hereby request termination of coverage under the VPDES General Permit for Discharges from Contaminated Sites, Groundwater Remediation, Dewatering Activities and Hydrostatic Tests for the outfalls listed below:

Outfall Number	Outfall Description
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

FOR DEQ USE ONLY Termination request accepted / not accepted (please circle decision) by: _____ Date: _____
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