



CITY OF HOBART NOTICE OF PERMIT TERMINATION

Stormwater permittees who are presently covered under a Permit issued pursuant to the City of Hobart Chapter 152 Stormwater Management Ordinance shall submit a Notice of Permit Termination form when the conditions for termination of issued permits have been met. See below for instructions on how to complete the form.

Section I: Permit Information:

- Enter the IDEM CSGP Permit number and City of Hobart Stormwater Permit number.
- If there has been a change of operator and you are no longer the operator of the facility or site identified in Section III, check the corresponding box.
- If all stormwater discharges at the facility or site identified in Section III have been terminated, check the corresponding box.

Section II: Facility Operator Information:

- Provide the legal name of the person or other entity that operates the facility or site. The operator of the facility is the legal entity which controls the facility's operation.
- Enter the complete address and telephone number of the operator.

Section III: Facility/Site Location Information:

- Enter the facility's official or legal name and complete address, including city, state and ZIP code.
- If the facility lacks a street address, indicate the latitude and longitude of the facility to the nearest 15 seconds, or quarter section, township, and range (to the nearest quarter section) of the approximate center of the site.

Section IV: Certification:

- Chapter 152 and Indiana Law provide for severe penalties for knowingly submitting false information on this form.
- The City of Hobart regulations require this Notice to be signed by the Owner or by their designated representation, with documentation that verifies the designation.

Send the attached form to the following address or by email:

City of Hobart MS4 Coordinator
414 Main Street
Hobart, IN. 46342
Email: tkingsland@cityofhobart.org



CITY OF HOBART NOTICE OF PERMIT TERMINATION

In compliance with:

City of Hobart Chapter 152 Stormwater Management Ordinance

City of Hobart Stormwater Technical Standards Manual

Date of Termination Request: _____

Project Name: _____

Owner/Designated Representative Requesting Termination:

Submission of this Notice of Permit Termination constitutes notice that the party identified in Part II of this form is no longer discharging nor authorized to discharge stormwater associated with land disturbing activity under the Permits issued pursuant to the City of Hobart Chapter 152 Stormwater Management Ordinance. ALL NECESSARY INFORMATION MUST BE PROVIDED ON THIS FORM.

Part I – Permit Information:

IDEM Construction Stormwater General Permit (CSGP) Number: _____

City of Hobart Stormwater (STW) Permit Number: _____

Check if you are no longer the operator of the Facility

Check here if the City of Hobart Stormwater Permit is being requested to be terminated

Part II – Facility Owner Information:

Owner/Operator Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Part III – Facility/Site Location Information:

Project Name: _____ Affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____

Part IV - Certification:

I certify under the penalty for perjury that all stormwater discharges associated with land disturbing activity from the identified facility that are authorized by Chapter 152 have been eliminated or that I am no longer the operator of the facility. I understand that by submitting this Notice of Permit Termination, I am no longer authorized to discharge stormwater associated with land disturbing activity under this Permit, and that discharging pollutants in stormwater associated with land disturbing activity to the City of Hobart Municipal Separate Storm Sewer System (MS4) and/or receiving waters is unlawful under Chapter 152 where the discharge is not authorized by a permit. I also understand that the submittal of this Notice of Termination does not release me, the owner, or an operator from liability for any violation of this Permit, Indiana law, or the Clean Water Act.

Printed Name: _____ Title: _____

Signature: _____ Date: _____