

Submission of this Notice of Termination constitutes notice that the operator identified in Section II of this form is no longer authorized discharge pursuant to the NPDES Construction General Permit (CGP) from the site identified in Section III of this form. All necessary information must be included on this form. Refer to the instructions at the end of this form.

I. Approval to Use Paper NOI Form

Have you been given approval from the Regional Office to use this paper NOT form*? Yes NO

* Note: You must have been given approval by the Regional Office prior to using this paper NOT form.

II. Permit Information:

NPDES Stormwater General Permit Tracking Number: IDR12FO32

Reason for Termination (Check only one):

- Another operator has assumed control over all areas of the site and that operator has submitted an NOI and obtained coverage under the CGP.
- You have completed earth-disturbing activities at your site, and you have met all other requirements in Part 8.2.1.
- You have obtained coverage under an individual permit or another general NPDES permit addressing stormwater discharges from the construction site.

III. Operator Information

Name: Nampa Highway District #1

IRS Employer Identification Number (EIN):

Mailing Address:

Street: 4507 12TH AVENUE ROAD

City: Nampa State: ID Zip: 83686

Phone: 2084676576 Fax (Optional):

Email: ERIC@NAMPAHIGHWAY1.COM

IV. Project/Site Information

Project/Site Name: BOWMONT ROAD

Project/Site Address:

Street:

City: Nampa State: ID Zip: 83686

County or similar government subdivision: Canyon

V. Certification Information

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

First Name, Middle Initial, Last Name: Casey Bequeath

Title: Director

Signature: Date: 03-15-2016

E-mail: casey@nampahighway1.com