**ATTACHMENT C – NOTICE OF TERMINATION**

Complete this Notice of Termination to request termination of coverage under NPDES Permit No. CA912004.

Groundwater Treatment Facility address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CIWQS Place Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email an electronic copy of this form to **R2NPDES@waterboards.ca.gov** and send a confirmation email to the responsible staff member indicated at [www.waterboards.ca.gov/sanfranciscobay/water\_issues/programs/general\_permits.shtml](http://www.waterboards.ca.gov/sanfranciscobay/water_issues/programs/general_permits.shtml).

**DISCHARGE CATEGORY** (select one)

|  |
| --- |
| ☐ 1. Aquifer reclamation program well discharges (Category 1)☐ 2. Reverse osmosis (RO) concentrate from aquifer reclamation program well discharges (Category 2).☐ 3. Structural dewatering discharges (Category 3) |

I, the Discharger, certify under penalty of law that this notice is prepared under my direction or supervision and the final date of this discharge was \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am aware that discharging without authorization is a violation of the California Water Code.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (print) Signature and Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Organization (Discharger’s Organization)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address, email, and phone number