

ATTACHMENT E – REQUEST FOR TERMINATION OF COVERAGE

PROJECT NAME _____

PROJECT COUNTY _____

GENERAL ORDER NUMBER R5-2022-XXXX- _____

WDID NUMBER _____

CIWQS NUMBER _____

DISCHARGE STOP DATE _____

TOTAL VOLUME OF DISCHARGE _____

TOTAL ELAPSED TIME OF DISCHARGE _____

CERTIFICATION

“I certify under penalty of law that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. The project named above is terminated. There is no longer a discharge to surface water. The treatment system (if applicable) has been dismantled. I request a Notice of Termination from the Executive Officer. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment.”

A. Printed Name: _____

B. Signature: _____

C. Date: _____

D. Title: _____

E. Company Name: _____

F. Company Address: _____

Please complete this form and email to the following web email address:

centralvalleysacramento@waterboards.ca.gov

Please address the form to the attention of the NPDES Section.