

**ATTACHMENT E – REQUEST FOR TERMINATION OF COVERAGE**

**PROJECT NAME** \_\_\_\_\_

**PROJECT COUNTY** \_\_\_\_\_

**GENERAL ORDER NUMBER R5-2022-0006-02** \_\_\_\_\_

**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](mailto:centralvalleysacramento@waterboards.ca.gov)

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