

WDR Attachment D

California Regional Water Quality Control Board
Lahontan Region

Notice of Project Completion Form

To Certify Completion and Compliance with the
South Shore Waste Discharge Requirements
and
Request Rescission of Waste Discharge Requirements

Please type or print clearly in ink

1. **Activity Name:** (Enter name given to the activity, if any)

WDID Number:

2. **Date Activities Completed:**

3. **Landowner:**

Name of individual, company, or agency:	
Phone:	E-mail address (optional):

4. **Name and Phone Number of Contact Person(s):** (List the primary person(s) supervising/implementing on-site operations.)

Name:	Phone:
Name:	Phone:

5. Attach completed implementation monitoring form (Attachment B).

I, the Landowner, agent thereof, or Land Manager, hereby certify under penalty of perjury that all activities for the above-referenced project were conducted in conformance with applications and submittals to the Water Board and all general conditions and category-specific conditions and criteria of the Waste Discharge Requirements were met.

Signature:

Date:

Upon receipt of this Notice of Completion, and prior to the Water Board approval or denial of request for WDR rescission, Water Board staff will review submittals and may inspect the project or plan area. All monitoring and reporting requirements for the project, including the annual fee requirement, will remain in effect until the Water Board formally rescinds the Waste Discharge Requirements.

DO NOT WRITE IN THIS BOX: For Water Board Staff Use Only.

Date Form Received: _____

Lead Staff: _____

Site Inspection? ☐ No, ☐ Yes, date: _____

Staff Notes:

STAFF RECOMMENDATION:

This Notice of Project Completion Form has been reviewed, and I ☐ inspected ☐ did not inspect] the project site. Based on my review, I am recommending the Water Board:

☐ Rescind the Waste Discharge Requirements (Board Order No. R6T-2012-TENTATIVE) for this activity. All applicable monitoring and reporting requirements are complete for this activity.

☐ Not rescind the Waste Discharge Requirements for the following reasons:

Printed Name: _____

Signature: _____

☐ Entered into CIWQS