Attachment F

Order No. R1-2023-0034
Notice of Project Completion and Final Certification

COUNTY, OR OTHER DISCHARGER, CONTACT INFORMATION

County or Other Discharger:

Authorized Representative and Title:

Telephone Number:

Email Address:

Mailing Address:

PROJECT INFORMATION

Project Name:

WDID Number:

Primary Watershed Name:

Stream Name (if applicable):

CERTIFICATION

I hereby certify that the above Project was conducted in conformance with all applicable provisions of Order No. R1-2023-0034. Additionally, I certify that discharges resulting from the above Project were in compliance or are expected to be in compliance with all requirements of applicable water quality control plans.

Signature, Authorized Representative: _____

Date:

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[i] Please send the completed form to the North Coast Regional Water Quality Control Board's general inbox at NorthCoast@waterboards.ca.gov.