**ATTACHMENT C – Notice of Termination**

Complete the Notice of Termination Form to request termination of coverage under General Waste Discharge Requirements for Discharge or Reclamation of Extracted and Treated Groundwater Resulting from the Cleanup of Groundwater Polluted by Volatile Organic Compounds (VOCs), Fuel Leaks, and Other Related Wastes (VOC and Fuel General Permit - NPDES Permit No. CAG912002).

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

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

An electronic copy of this form shall be emailed to [**RB2-VOC-Fuel@waterboards.ca.gov**](mailto:RB2-VOC-Fuel@waterboards.ca.gov) and a confirmation email shall be sent to the responsible staff member as 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).

1. **REASON FOR TERMINATION** (select one)

|  |
| --- |
| ☐ 1. Completion of temporary groundwater dewatering project (e.g., construction project).  ☐ 2. Groundwater cleanup work has been completed.  ☐ 3. Method of groundwater cleanup has been changed with no need to discharge treated groundwater.  ☐ 4. Groundwater cleanup will be stopped to start groundwater monitoring. Please attach documentation showing that the agency overseeing cleanup has no objection to cessation of groundwater extraction and treatment.  ☐ 5. Other reason. Please specify below (e.g., discharge to POTW has been granted): |

1. **AGENCY APPROVAL** (applicable if items 2, 3 or 4 in Section I are marked)

|  |  |
| --- | --- |
| Name, address, email, and phone number of the agency and agency staff overseeing the cleanup work: | Have you provided a copy of this termination notice to this staff? If No, please explain.  ☐ Yes  ☐ No (explain): |

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

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Name (print) Signature and Date

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

Title/Organization (Discharger’s Organization) Address, email and phone number