

Irrigated Lands Regulatory Program NOTICE OF TERMINATION

to comply with the
Conditional Waiver for Irrigated Lands adopted by Resolution R4-2016-0143

Instructions: Please print or type in black ink. If an individual discharger or individual participant in a Discharger Group wishes to terminate coverage under the Conditional Waiver for Irrigated Lands, the discharger must submit this Notice of Termination form and any required supporting documentation. A site visit must be conducted by Regional Board staff prior to submission of this form (Section 3). This form must be signed to be valid (Section 5). The Notice of Termination form must be reviewed and approved by the Regional Board Executive Officer. All discharges must cease (or be regulated by another program) before the date of termination.

ENROLLEE INFORMATION (SECTION 1)	
Name	Business or Farm Name
Mailing Address	
Email Address	Phone
<input type="checkbox"/> Landowner	<input type="checkbox"/> Lessee
If checked Lessee, provide Landowner Name:	
Pesticide Use Permit Number (operator ID number)	

REASON FOR TERMINATION (SECTION 2)			
<input type="checkbox"/> Acreage no longer in production	<input type="checkbox"/> Property area is generally agriculture, but specific parcel is not a cropped area (i.e. well, house, road easement, storage)	<input type="checkbox"/> Other <i>(explain in "notes")</i>	Notes:

State of California
California Regional Water Quality Control Board
Los Angeles Region
 320 West 4th Street, Suite 200
 Los Angeles, CA 90013

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SITE VISIT (SECTION 3)
<input type="checkbox"/> Site Visit conducted by Regional Board Staff Date of Site Visit _____ Site Visit Conducted by: _____
List parcels/property being removed from Discharger Group or Individual Enrollment:
Notes:

ADDITIONAL INFORMATION (SECTION 4) (Use the space below, or attach additional material, to clarify any response or provide additional information.)

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CERTIFICATION (SECTION 5)	
<i>"I certify under penalty of law that to the best of my knowledge and belief, this document and any attachments submitted are, true, accurate, and complete and were prepared by me or under my direction or supervision. I am aware that there are significant penalties for knowingly submitting false information. I am aware that all discharges must cease before the date of termination, and any discharges on or after that date shall be considered in violation of the California Water Code, unless the discharge is regulated by another conditional waiver or other waste discharge requirements."</i>	
Printed Name	Signature
Title	Date

FORM SUBMITTAL
Send the completed Notice of Termination and any supporting documents to: CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD, LOS ANGELES REGION ATTN: Irrigated Lands Regulatory Program 320 W. 4th Street, Suite 200 Los Angeles, CA 90013
Assistance with this form may be obtained by contacting the Regional Board Phone: (213) 576-6600

FOR REGIONAL BOARD USE ONLY	
<input type="checkbox"/> Termination documents reviewed <input type="checkbox"/> Memo summarizing reason for termination attached	<input type="checkbox"/> Site visit conducted <input type="checkbox"/> Site visit memo attached Staff Signature: _____

FOR REGIONAL BOARD USE ONLY	
Executive Officer Signature: _____	Date of Termination: