

**ATTACHMENT H – NOTICE OF TERMINATION**

Colorado River Basin Water Board  
 NOTICE OF TERMINATION

TO COMPLY WITH THE TERMS OF BOARD ORDER R7-2024-0025 GENERAL  
 WASTE DISCHARGE REQUIREMENTS FOR LOW THREAT DISCHARGES TO  
 SURFACT WATERS WITHIN THE COLORADO RIVER BASIN REGION

WDID # _____
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I. Property Owner

Name				
Mailing Address				
City	County	State	Zip	Phone
Contact Person				

II. Facility Owner

Name				
Mailing Address				
City	County	State	Zip	Phone
Contact Person				

III. Site Location

Street (including address, if any)
Nearest Cross Street(s)
County

IV. CERTIFICATION

"I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."	
Signature of Facility Owner	Title
Printed or Typed Name	Date
Signature of Property Owner	Date
Printed or Typed Name	Date

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STATE USE ONLY

WDID:	Regional Board Office:	Date NOT Received:	Date NOT Processed:
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