



San Francisco Bay Regional Water Quality Control Board

ATTACHMENT G NOTICE OF TERMINATION

From Enrollment under the Conditional Waiver of Waste Discharge Requirements for Grazing Operations in the Tomales Bay Watershed (Resolution No. R2-2018-0046)

SECTION I. FACILITY OPERATOR INFORMATION		
Name:		Contact E-mail:
Mailing Address:		
City:	State:	Zip Code:
Name of Contact Person:		Contact Phone:
SECTION II. LANDOWNER INFORMATION (IF OPERATOR IS NOT THE	OWNER)	
lame:		Contact E-mail:
Mailing Address:		
City:	State:	Zip Code:
Name of Contact Person:		Contact Phone:
SECTION III. FACILITY INFORMATION		
Facility Name:		County:
Facility Address:		Contact E-mail:
City:	State:	Zip Code:
Name of Contact Person:		Contact Phone:

Attachment G: Notice of Termination Tomales Bay Conditional Waiver of WDRs for Grazing Operations

ECTION III. FACILITY INFORMATION (CO	NI'U)		
Facility County Assessor's Parcel Number(s):			
Nearest Receiving Water:			
ECTION IV. BASIS OF TERMINATION			
The ranch facility was considered a Grazing O with the business have been removed or clear.	peration. The ranch facility is now closed, and all materials and waste associated ned up.		
Date of closure//	Date of completed cleanup//		
2. The ranch facility is subject to another general permit number. Permit or Order No	acility is subject to another general or individual permit issued by the Water Board. If so, indicate type of permit, and per. Permit or Order No		
There is a new landowner or operator of the id information below.	lentified ranch facility. I am no longer the responsible party for this site. Provide		
Date of landowner/operator transfer//			
Has the new owner/operator been notified of 0	Grazing Waiver requirements?		
Yes No			
Contact information for the succeeding landov	wner or operator is:		
ECTION V. LANDOWNER NOTIFICATION			
If the facility operator is not the landowner of the its requirements.	facility, the landowner must certify that he/she has been notified of this waiver and		
Owner or authorized representative* printed name	e:		
Owner or Authorized representative signature:			
Title:	Date:		
	downer as having legal responsibility for the overall operation of the regulated e grazing operator or operator's duly authorized designee.		
ECTION VI. CERTIFICATION			
accordance with a system designed to assur submitted. Based on my inquiry of the perso responsible for gathering the information, the	nent and attachments were prepared under my direction and supervision in re that qualified personnel properly gather and evaluate the information on or persons who manage the system, or those persons directly e information submitted is, to the best of my knowledge and belief, true, re are significant penalties for submitting false information, including the		
Printed Name:	Signature:		
Title:	Date:		

Mail signed form to:

San Francisco Bay Regional Water Quality Control Board

1515 Clay Street, Suite 1400 Oakland, CA 94612 ATTN: Grazing Waiver Program

Or email to: R2GrazingWaiver@waterboards.ca.gov