



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)

Name:		Contact E-mail:
Mailing Address:		
City:	State:	Zip Code:
Name of Contact Person:		Contact Phone:

#### SECTION III. FACILITY INFORMATION

A. Facility Name		County:
Facility Address:		Contact E-mail:
City:	State:	Zip Code:
Name of Contact Person:		Contact Phone:



***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](mailto:R2GrazingWaiver@waterboards.ca.gov)