

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. R2-2018-00XX)

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:
Facility County Assessor's Parcel Number(s):		
Nearest Receiving Water:		

SECTION IV. BASIS OF TERMINATION

1. The ranch facility was considered a Grazing Operation. The ranch facility is now closed and all materials and waste associated with the business have been removed or cleaned-up.

Date of closure ____/____/____

Date of completed clean-up ____/____/____

2. The ranch facility is subject to another general or individual permit issued by the Water Board. If so, indicate type of permit, and permit number. Permit or Order No. _____

3. There is a new landowner or operator of the identified ranch facility. I am no longer the responsible party for this site. Provide information below.

Date of landowner/operator transfer ____/____/____

Has the new owner/operator been notified of Grazing Waiver requirements?

Yes__ No__

Contact information for the succeeding landowner or operator is:

SECTION V. LANDOWNER NOTIFICATION

If the facility operator is not the landowner of the facility, the landowner must certify that he/she has been notified of this waiver and its requirements.

Owner or authorized representative* printed name: _____

Owner or Authorized representative signature: _____

Title: _____ Date: _____

* A duly authorized person designated by the landowner as having legal responsibility for the overall operation of the regulated facility. The authorized representative may be the grazing operator or operator's duly authorized designee.

SECTION VI. CERTIFICATION

"I certify under penalty of law that this document and 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 fines."

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