

ATTACHMENT C – NOTICE OF TERMINATION

Complete the Notice of Termination Form to request termination of coverage under General Waste Discharge Requirements for Discharge or Reclamation of Extracted and Treated Groundwater Resulting from the Cleanup of Groundwater Polluted by Volatile Organic Compounds (VOCs), Fuel Leaks, and Other Related Wastes (VOC and Fuel General Permit - NPDES Permit No. CAG912002).

Groundwater Treatment Facility address: _____

CIWQS Place Identification Number: _____

An electronic copy of this form shall be emailed to RB2-VOC-Fuel@waterboards.ca.gov and a confirmation email shall be sent to the responsible staff member as indicated at www.waterboards.ca.gov/sanfranciscobay/water_issues/programs/general_permits.shtml.

I. REASON FOR TERMINATION (select one)

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| <input type="checkbox"/> 1. Completion of temporary groundwater dewatering project (e.g., construction project).
<input type="checkbox"/> 2. Groundwater cleanup work has been completed.
<input type="checkbox"/> 3. Method of groundwater cleanup has been changed with no need to discharge treated groundwater.
<input type="checkbox"/> 4. Groundwater cleanup will be stopped to start groundwater monitoring. Please attach documentation showing that the agency overseeing cleanup has no objection to cessation of groundwater extraction and treatment.
<input type="checkbox"/> 5. Other reason. Please specify below (e.g., discharge to POTW has been granted): |
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II. AGENCY APPROVAL (applicable if items 2, 3 or 4 in Section I are marked)

Name, address, email, and phone number of the agency and agency staff overseeing the cleanup work:	Have you provided a copy of this termination notice to this staff? If No, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No (explain):
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I, the Discharger, certify under penalty of law that this notice is prepared under my direction or supervision and last/final date of this discharge was _____. I am aware that discharging without a discharge authorization is in violation of California Water Code.

Name (print)

Signature and Date

Title/Organization (Discharger's Organization)

Address, email and phone number