

**ATTACHMENT C – NOTICE OF TERMINATION**

Complete this Notice of Termination to request termination of coverage under NPDES Permit No. CA912004.

Groundwater Treatment Facility address: \_\_\_\_\_

CIWQS Place Identification Number: \_\_\_\_\_

Email an electronic copy of this form to [R2NPDES@waterboards.ca.gov](mailto:R2NPDES@waterboards.ca.gov) and send a confirmation email to the responsible staff member indicated at [www.waterboards.ca.gov/sanfranciscobay/water\\_issues/programs/general\\_permits.shtml](http://www.waterboards.ca.gov/sanfranciscobay/water_issues/programs/general_permits.shtml).

**DISCHARGE CATEGORY** (select one)

- ☐ 1. Aquifer reclamation program well discharges (Category 1)
- ☐ 2. Reverse osmosis (RO) concentrate from aquifer reclamation program well discharges (Category 2).
- ☐ 3. Structural dewatering discharges (Category 3)

I, the Discharger, certify under penalty of law that this notice is prepared under my direction or supervision and the final date of this discharge was \_\_\_\_\_. I am aware that discharging without authorization is a violation of the California Water Code.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Title/Organization (Discharger's Organization)

\_\_\_\_\_  
Address, email, and phone number