

California Regional Water Quality Control Board
Central Coast Region
895 Aerovista Place, Suite 101
San Luis Obispo, CA 93401

Document
Date: _____

Submit form to: centralcoast@waterboards.ca.gov

**GENERAL WAIVER FOR SPECIFIC TYPES OF DISCHARGES
REQUEST FOR CONTINUED COVERAGE**

Dischargers enrolled in the [General Waiver for Specific Types of Discharges, Order No. R3-2014-0041](#) (2014 General Waiver) must notify the Central Coast Water Board in writing within 90 days of the adoption of R3-2019-0089 (2019 General Waiver) if they wish to continue regulatory coverage. A completed and signed Request for Continued Coverage serves as notification to the Central Coast Water Board that activities permitted through the 2014 General Waiver are ongoing and coverage under the 2019 General Waiver is requested.

Enrollment will be terminated for dischargers enrolled in the 2014 General Waiver that do not submit the Request for Continued Coverage to the Central Coast Water Board.

OPERATION NAME: _____

SEC. OF STATE ENTITY NUMBER (if applicable) : _____

DATE OF ENROLLMENT: _____

WDID NUMBER OR GEOTRACKER ID: _____

FACILITY NAME: _____

FACILITY ADDRESS: _____

CONTACT PERSON: _____

JOB TITLE: _____

PHONE NUMBER: _____

EMAIL: _____

BRIEF DESCRIPTION OF DISCHARGE/PERMITTED ACTIVITY:

Submit form to centralcoast@waterboards.ca.gov in searchable PDF format.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision following a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge of the person(s) who manage the system, or those directly responsible for data gathering, 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 fine and imprisonment.

Print Name: _____ Title: _____

Signature:* _____ Date: _____

*This notice to continue coverage form must be signed by one of the following:

- a. For a corporation: by a principal executive officer of at least the level of vice president.
- b. For a partnership or sole proprietorship: by a general partner or the proprietor, respectively.
- c. For a public agency: by either a principal executive officer or ranking elected official.
- d. For an LLC: either a member or manager given signing authority by the operating agreement of LLC.
- e. a "duly authorized representative" of one of the above.