

**NOTICE OF TERMINATION FORM
OF COVERAGE UNDER THE GENERAL NPDES PERMIT
FOR DISCHARGES OF LOW THREAT WASTEWATERS TO SURFACE WATER**

**ORDER NO. R5-2008-0081
NPDES NO. CAG995001**

Submission of this Notice of Termination (NOT) to the Central Valley Regional Water Quality Control Board constitutes notice that the owner/operator of the facility/project identified on this form is no longer discharging, and is no longer authorized to discharge low threat wastewater to surface water under Order R5-2008-0081, National Pollutant Discharge Elimination System (NPDES) Permit No. CAG995001. In addition to submitting this NOT, the owner/operator must submit a quarterly monitoring report for the last quarter in which a discharge occurred. It is recommended that the monitoring report be submitted at the same time as the NOT. Failure to submit the last monitoring report may result in imposition of mandatory minimum penalties of at least \$3,000.00

I. WDID Number (Optional)

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| Enter your WDID No.: |
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II. OWNER / OPERATOR INFORMATION

| | | | |
|----------------|--------|-----------------|-------|
| Name | | Mailing Address | |
| City | County | State | Zip |
| Contact Person | | Title | Phone |

III. BASIS FOR TERMINATION

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| <p>A. Indicate the reason for termination of the discharge below. Provide additional explanation under item III.B below if needed.</p> <p><input type="checkbox"/> All discharges previously authorized by this General Board Order have ceased. Project has been completed.</p> <p><input type="checkbox"/> All discharges previously authorized by this General Board Order have been redirected: <i>(check one)</i>:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Effluent water is retained on site.</p> <p style="margin-left: 20px;"><input type="checkbox"/> Effluent water is discharged to a municipal sanitary sewer system.</p> <p style="margin-left: 20px;"><input type="checkbox"/> Effluent water is discharged to evaporation ponds or percolation ponds offsite in accordance with Waste Discharge Requirements Order _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> Effluent water is reused/reclaimed in accordance with Waste Discharge Requirements _____.</p> <p style="margin-left: 20px;"><input type="checkbox"/> Other (please describe)</p> <p><input type="checkbox"/> Discharge of effluent is now subject to another NPDES general permit or an individual NPDES permit. <i>(Indicate NPDES permit number and date coverage began below.)</i> NPDES Permit No: _____ Date Coverage Began: _____</p> <p><input type="checkbox"/> There is a new owner / operator of the identified facility. <i>(Complete additional items below.)</i> Date of Owner / Operator Transfer: _____ Has the new owner / operator been notified of NPDES general permit requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
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|---|--------|-----------------|-----|
| New Owner / Operator Information | | | |
| Name | | Mailing Address | |
| City | County | State | Zip |
| Contact Person | Title | Phone | |
| <p>B. Provide additional detail regarding reason for termination below or in a supplemental letter.</p> | | | |
| <p>C. Dischargers using the Categorical Exception shall provide the following information:</p> <p>Dischargers authorized to discharge under this General Board Order with an exception to the priority pollutant criteria and objectives must provide certification by a qualified biologist that the receiving water beneficial uses have been restored upon completion of the project.</p> | | | |

IV. CERTIFICATION

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| <p>"I certify under penalty of law that (a) I am not required to be permitted under the Low Threat General Permit No. CAG995001 and (b) this document and all attachments were prepared under my direction and supervision in accordance with a system designed to ensure 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 fine or imprisonment."</p> | |
| Printed Name: | Title: |
| Signature: | Date: |

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| For Internal Use Only | |
| <input type="checkbox"/> Approved for Termination | <input type="checkbox"/> Denied and returned to Applicant |
| Signature: | Signature: |
| Reviewer's Name | Reviewer's Name |
| NOT Effective Date: | NOT Denied Date: |