PRELIMINARY DRAFT
ATTACHMENT D. NOTICE OF TERMINATION

The Central Valley Water Board may provide procedures for electronic submittal or modifications to the Notice of Termination (NOT) and its associated supporting information or documents.

DISCHARGER INFORMATION

Facility Owner Name:	
Street Address:	
City, State, Zip Code:	
County:	
Email:	
Telephone:	

Owner type: (mark one)

____ Individual ____ Partnership

____ Corporation ____ Other (please specify): _____

OPERATOR INFORMATION (if different from facility owner)

Operator Name:	
Street Address:	
City, State, Zip Code:	
County:	
Email:	
Telephone:	

Operator type: (mark one)

____ Individual ____ Partnership

____ Corporation ____ Other (please specify): _____

DISPOSAL AREA INFORMATION (if landowner different from facility owner)

Landowner Name:	
Street Address:	
City, State, Zip Code:	
County:	
Email:	
Telephone:	

Operator type: (mark one)

____ Individual ____ Partnership

____ Corporation ____ Other (please specify): _____

FACILITY INFORMATION

Facility Name:	
Street Address:	
City, State, Zip Code:	
County:	
Email:	
Telephone:	

Assessor's Parcel Numbers:

Facility:	
Discharge Point 1:	
Discharge Point 2:	
Discharge Point 3:	

Latitude (lat) and Longitude (long): *(in degrees, minutes, seconds)*

Facility:	lat:		long:	
Discharge Point 1:	lat:		long:	
Discharge Point 2:	lat:		long:	
Discharge Point 3:	lat:		long:	

REASONS FOR FILING

Mark all that apply:

_____ Operations will cease and closure activities will be completed.

_____ Operations are subject to another permit, waiver, or permitting mechanism.

List the type, issuing agency, and date of issuance.

_____ Operations are no longer subject to the General Order.

Please explain.

_____ Other

Please specify.

TIER SPECIFICATION

_____ Tier 1 _____ Tier 2 _____ Tier 3 _____ Tier 4

DISCHARGER RESPONSIBILITIES

The Discharger is responsible for compliance with the General Order and payment of annual fees until a completed NOT is approved by the Central Valley Water Board.

CERTIFICATION

"I certify under penalty of law that this document, including all attachments and supplemental information, were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated 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 and imprisonment.

Print Name: _____ Title: _____

Signature: _____ Date: _____

INTERNAL OFFICE USE ONLY

Date Notice of Termination Received: _____

Letter to Discharger: _____