



November 14, 2007  
 Item 10: Supporting Document 4

## NOTICE OF TERMINATION

### I. FINAL WASTE DISPOSAL INFORMATION

Final Disposition of Waste: <input type="checkbox"/> Off-site/Landfill Disposal <input type="checkbox"/> On-site Reuse/Disposal			
<input type="checkbox"/> Off-site Reuse/Disposal		<input type="checkbox"/> Other:	
Property Owner/Discharger Name:			
Property Owner/Discharger Contact and Title:			
Property Owner/Discharger Mailing Address:			
City:	County:	State:	Zip:
Telephone:	Fax:	Email:	
Assessor Parcel Number(s):		Hydrologic Area/Subarea:	
Date(s) Waste Disposed:			
Quantity of Waste Disposed: (in cubic yards for each disposal date)			
Disposal Location(s): (for each disposal date)			

### II. FINAL DISPOSAL CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

\_\_\_\_\_  
 Signature (Owner or Authorized Representative)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Title