

Notice of Termination Procedure

To complete the Termination process, you must complete the following tasks:

1. Inform the new responsible party of their obligation to enroll in writing.
2. Provide the Regional Board with both: (1) a completed and signed Notice of Termination (NOT) and (2) a copy of a responsible party notification letter to the Regional Water Board.

You can provide these materials to the Regional Water Board electronically via email to RB2-Vineyards@Waterboards.ca.gov or via a physical copy mailed to the address provided below.

- a. If you are **emailing the documents**, (1) the NOT must be printed, signed, scanned, and sent as a PDF attachment. And (2) a copy of the notification letter can be sent as a PDF or RB2-Vineyards@Waterboards.ca.gov can be included in the CC field of the email correspondence.
 - b. If you are **mailing the documents**, they can be sent to the address provided below.
3. You may receive follow up questions from Water Board Staff regarding your termination.
 4. You will receive a confirmation from Water Board Staff after your termination is processed.

Physical copies can be sent to:

San Francisco Bay Regional Water Quality Control Board
1515 Clay Street, Suite 1400
Oakland, CA 94612
ATTN: Vineyard Program

More information about the termination process can be found in the [Vineyard Permit](#) under Provision E, Number 2 (page 14).

Order No. R2-2017-0033

Napa River and Sonoma Creek Watersheds WDR for Vineyard Properties

ATTACHMENT D

California Regional Water Quality Control Board
San Francisco Bay Region

General Waste Discharge Requirements
Order No. R2-2017-0033

NOTICE OF TERMINATION

Signed forms must be submitted to:

San Francisco Bay Regional Water Quality Control Board

1515 Clay Street, Suite 1400

Oakland, CA 94612

ATTN: Vineyard Program

SECTION I. FACILITY OPERATOR INFORMATION

Name:		Contact E-mail:
Mailing Address:		
City:	State: CA	Zip Code:
Name of Contact Person:		Contact Phone:

SECTION II. LANDOWNER INFORMATION (IF OPERATOR IS NOT THE OWNER)

Name:		Contact E-mail:
Mailing Address:		
City:	State:	Zip Code:
Name of Contact Person:		Contact Phone:

SECTION III. FACILITY INFORMATION

A. Facility Name		County:
Mailing Address:		Contact E-mail:
City:	State: CA	Zip Code:

Name of the Contact Person for the Vineyard Property : _____ _____ _____	Contact Phone: Email: _____
Facility County Assessor's Parcel Number _____	
A. Total Vineyard Property Parcel(s) Size: _____ acres	
B. Total area planted in grapes: _____ acres	

SECTION IV. BASIS OF TERMINATION

A. CHANGE OF VINEYARD PROPERTY OWNERSHIP or CHANGE IN CONTROL OF VINEYARD PROPERTY (check if true)
[] The control or ownership of this **Vineyard Property** changed on the following date: _____

The contact information for the succeeding **Vineyard Owner or Operator** is :

B. VINEYARD PROPERTY CLOSURE or CHANGE IN LAND USE
[] The use of the **Vineyard Property** changed and the **Vineyard Property** no longer meets the eligibility requirements of the General Waste Discharge Requirements for the following reasons:

as of the following date: _____

SECTION V. LANDOWNER NOTIFICATION

If the facility is leased or operated by someone other than the owner, this section must be signed by the operator.

I certify that the owner of the facility has been notified of these General Waste Discharge Requirements and that I have been designated by the owner as the "Authorized Representative."

Operator's Printed Name: _____ Signature: _____

Title: _____ Date: _____

SECTION VI. CERTIFICATION

"I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure 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 and imprisonment.

Owner or Authorized Representative Printed Name: _____

Owner or Authorized Representative Signature: _____

Date: _____

Telephone Number: _____ Email: _____