

**ATTACHMENT C – NOTICE OF TERMINATION**

Complete this Notice of Termination to request termination of coverage under NPDES Permit No. CA912004.

Groundwater Treatment Facility address: \_\_\_\_\_

CIWQS Place Identification Number: \_\_\_\_\_

Email an electronic copy of this form to [R2NPDES@waterboards.ca.gov](mailto:R2NPDES@waterboards.ca.gov) and send a confirmation email to the responsible staff member indicated at [www.waterboards.ca.gov/sanfranciscobay/water\\_issues/programs/general\\_permits.shtml](http://www.waterboards.ca.gov/sanfranciscobay/water_issues/programs/general_permits.shtml).

**DISCHARGE CATEGORY** (select one)

- |  |
|--|
| <input type="checkbox"/> 1. Aquifer reclamation program well discharges (Category 1)<br><input type="checkbox"/> 2. Reverse osmosis (RO) concentrate from aquifer reclamation program well discharges (Category 2).<br><input type="checkbox"/> 3. Structural dewatering discharges (Category 3) |
|--|

I, the Discharger, certify under penalty of law that this notice is prepared under my direction or supervision and the final date of this discharge was \_\_\_\_\_. I am aware that discharging without authorization is a violation of the California Water Code.

\_\_\_\_\_  
Name (print) Signature and Date

\_\_\_\_\_  
Title/Organization (Discharger's Organization)

\_\_\_\_\_  
Address, email, and phone number