## North Coast Regional Water Quality Control Board 5550 Skylane Blvd., Suite A • Santa Rosa, California • 95403 • Tel (707) 576-2220

FAX (707) 523-0135 • Internet Address: http://www.waterboards.ca.gov/northcoast/

## NOTICE OF TERMINATION

TO REQUEST TERMINATION OF COVERAGE UNDER THE TERMS OF WASTE DISCHARGE REQUIREMENTS

ORDER NUMBER: R1-2024-0001

I. PROJECT APPLICA	ANT and LEGALLY RESPO	NSIBLE PER	SON INFO	ORMATION
Project Title:	Click here to enter text.			
Responsible Party Name:	Click here to enter text.			
Street Address:	Click here to enter text.			
City, County, State, Zip:	Click here to enter text.			
Telephone:	Click here to enter text.			
E-mail:	Click here to enter text.			
II. PROPERTY OWNER	R □ Check B	ox if Same as	s Legally I	Responsible Person
Name:	Click here to enter text.		- <u>-                                  </u>	
Street Address:	Click here to enter text.			
City, County, State, Zip:	Click here to enter text.			
Telephone:	Click here to enter text.			
E-mail:	Click here to enter text.			
III. PROJECT LOCATIO	N			
A. Address or description	of project location.			
Click here to enter text.				
B. Check box to verify that a map of at least 1:24000 (1" = 2000') detail of the proposed project site (e.g., USGS 7.5 minute topo map) is enclosed: ☐ Project Map Attached				
C. County:	Click here to enter text.			
D. Coordinates ( <i>provide latitude/longitude in decimal degrees</i> )				
Latitude:	Click here to enter text.	Longitude:	Click here to enter text.	
E. Name of the receiving watershed or water body: Click here to enter text.				

## XIII. SIGNATURE / CERTIFICATION

from monitoring inspections, the site is stabilized discharges from the Project in violation of the Ba	been completed according to the project as well as any needed corrective action identified such that there is no potential for waste
Responsible Party Signature	Date
Printed Name	
Duly Authorized Representative Signature	Date
Printed Name	