



**FORM FOR TRANSFER OF OWNER/OPERATOR COVERAGE
UNDER GENERAL ORDER R5-2026-XXXX
GENERAL WASTE DISCHARGE REQUIREMENTS
FOR DISCHARGES TO LAND FROM
FRUIT AND VEGETABLE PACKING FACILITIES
WITHIN THE CENTRAL VALLEY REGION**



This form consists of three parts for use by current and new owners and/or operators when there is a transfer of ownership and/or operator at an existing fruit and vegetable packing facility covered under General Order R5-2026-XXXX for Fruit and Vegetable Packing Facilities. New owners and/or operators are required to complete and submit Part III and are not authorized to discharge under the General Order (and are subject to enforcement) until receiving written approval of coverage transfer from the Executive Officer.

Current owners and/or operators should complete and submit Parts I, II.A, and II.B no less than 60 days before any planned change in ownership or control of the Facility in order to provide the required notification of a change in ownership and/or operator and certify that the new owner and/or operator has been informed of the existence of the General Order¹.

The current and new owners/operators are encouraged, but not required, to complete the form jointly and submit it 60 days prior to any planned change in ownership or control of the Facility.

PART I: FACILITY INFORMATION

A. Current Facility Information:

Current Facility Name (required):
Current Facility Address (required):
County:

B. New Facility Information:

New Facility Name (if different than current name):	
New Facility Address (if different than current name):	
County:	Zip Code:

PART II: CURRENT OWNER/OPERATOR INFORMATION

A. Current Owner/Operator Name:

Current Owner Name:
Current Operator Name:

¹ Current owners/operators are not required to use this form, but written notification containing information required by the General Order must be provided no less than 60 days prior to the change in ownership or control.

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B. Current Owner/Operator Certification:

I certify under penalty of law that I have informed the new owner and/or operator of the existence of General Order R5-2026-XXXX and that I have personally examined and am familiar with the information submitted in Parts I, II, III.A, and III.B of 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 OF CURRENT OWNER

SIGNATURE OF CURRENT OPERATOR

PRINT OR TYPE NAME

PRINT OR TYPE NAME

DATE

DATE

PART III: NEW OWNER/OPERATOR INFORMATION

A. New Owner Information – Check here if not applicable

Name:	Owner Type (Check one): <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Governmental Agency <input type="checkbox"/> Other: _____
Mailing Address:	
City:	
Contact Person:	Telephone Number:

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B. New Operator Information – Check here if not applicable

Name:	Operator Type (Check one): <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Governmental Agency <input type="checkbox"/> Other: _____
Mailing Address:	
City:	
Contact Person:	Telephone Number:

C. Person To Receive Central Valley Water Board Correspondence:

Send correspondence to: <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Both

D. Billing:

Send bills to (Check One): <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Other (identify below):		
Name (Print)		Address
City	State	Zip

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E. Agreement To Assume Responsibility Under Order R5-2026-XXXX for Fruit and Vegetable Packing Facilities:

I assume full responsibility for compliance with General Order R5-2026-XXXX, including requirements specified in the General Order, NOA, and site-specific Monitoring and Reporting Program (MRP).

SIGNATURE OF NEW
OWNER

SIGNATURE OF NEW
OPERATOR

PRINT OR TYPE NAME

PRINT OR TYPE NAME

DATE

DATE

F. New Owner/Operator 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 OF NEW
OWNER

SIGNATURE OF NEW
OPERATOR

PRINT OR TYPE NAME

PRINT OR TYPE NAME

DATE

DATE

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G. Form Submission:

Submit forms to the appropriate Regional Board Office:

For: Amador, Calaveras, Colusa, El Dorado, Lake, Nevada, Placer, Sacramento, San Joaquin, Sierra, Solano, Stanislaus, Sutter, Yolo, and Yuba Counties

Sacramento Office (Main)

11020 Sun Center Drive #200

Rancho Cordova, CA 95670-6114

centralvalleysacramento@waterboards.ca.gov

For Fresno, Kern, Kings, Madera, Mariposa, Merced, Tulare, and Tuolumne Counties

Fresno Office

1685 E Street

Fresno, CA 93706-2007

centralvalleyfresno@waterboards.ca.gov

For: Butte, Glenn, Modoc, Plumas, Shasta, and Tehama Counties

Redding Office

364 Knollcrest Drive, #205

Redding, CA 96002

centralvalleyredding@waterboards.ca.gov