

**CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD, SAN DIEGO REGION  
ORDER NO. R9-2024-0001  
(ATTACHMENT D)**



**WAIVER 10:  
NOTICE OF TERMINATION**

**I. PROPERTY/FACILITY INFORMATION**

Property/Facility Name:			
Property/Facility Contact:			
Property/Facility Address:			
City:	County:	State:	Zip:
Telephone:	Fax:	Email:	
Assessor Parcel Number(s):		Hydrologic Area/Subarea:	

**II. PROPERTY/FACILITY OWNER INFORMATION**

Property/Facility Owner Name:			
Property/Facility Owner Mailing Address:			
City:	County:	State:	Zip:
Telephone:	Fax:	Email:	

**III. DISCHARGE AND DREDGE INFORMATION**

Date(s) of Discharge and Dredge Activities:				
Did any activities occur within wetlands?				
Did any activities create an impoundment? (If "yes," describe how adverse effects to aquatic system were minimized)				
Quantity of Discharge: (Indicate in acres and linear feet the extent affected and identify the effects as permanent and/or temporary for discharge.)				
	Permanent Effects		Temporary Effects	
Wetlands:	Linear feet:	Acres:	Linear feet:	Acres:
Non-wetland waters:	Linear feet:	Acres:	Linear feet:	Acres:
Quantity of Dredging (cubic yards): Provide a description of the types of materials dredged and disposal location:				

**IV. COMPENSATORY MITIGATION INFORMATION**

Were Temporary Fills Restored?  
 If “no,” please describe rationale:

Was Compensatory Mitigation Provided?  
 If “no,” please describe rationale:

If “yes,” attach (1) a map clearly identifying the mitigation location areas, and (2) contact information for the owner/operator of the mitigation area property.

Also indicate below in acres and linear feet the total quantity of each water body that was created, restored, or enhance, for purposes of providing compensatory mitigation. Use additional pages if necessary.

	Created (acres/linear feet)	Restored (acres/linear feet)	Enhanced (acres/linear feet)
Wetland			
Non-Wetland			

**V. COMPENSATORY MITIGATION INFORMATION**

*“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