

# NOTICE OF TERMINATION

## CONDITIONAL WAIVER OF WASTE DISCHARGE REQUIREMENTS FOR DISCHARGES FROM IRRIGATED LANDS REGIONAL BOARD ORDER R3-2004-0117

Submission of this Notice of Termination constitutes an official notification to the Central Coast Regional Water Board that the farming operation identified below, and ALL associated ranches have elected to terminate coverage under Order No. R3-2004-0117 and Order No. R3-2009-0050, Conditional Waiver of Waste Discharge Requirements for Discharges from Irrigated Lands, (Irrigated Agriculture Order). In the event of any change in control or ownership of an operation, the Discharger must notify the succeeding owner or operator of the existence of the Agricultural Order by letter, a copy of which shall be immediately forwarded to the Regional Board Executive Officer (Order No. R3-2004-0117, Part IV, Provision 3, p. 14).

### REQUEST TO TERMINATE FARM OPERATION AND ALL ASSOCIATED RANCHES

Name of Operation:	AW#:
Operator/Responsible Party:	Phone No.:
Business Mailing Address:	
City:	State:      Zip:

In the following table list all ranch names, acreages, and assessor parcel numbers that are enrolled under the above AW#

	Ranch Name	Acreage	Assessor Parcel Number(s)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

### REASON FOR TERMINATION (Provide information as required)

No longer producing a commercially irrigated crop as of: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month      Day      Year

Explanation: \_\_\_\_\_

Change in ownership as of: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      YOU MUST NOTIFY THE SUCCEEDING OWNER OF THE AGRICULTURAL ORDER BY LETTER AND ATTACH A COPY OF THAT LETTER TO THIS FORM. IF THIS LETTER IS NOT ATTACHED YOUR REQUEST MAY BE DENIED.  
Month      Day      Year

Change in operator as of: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      YOU MUST NOTIFY THE SUCCEEDING OPERATOR OF THE AGRICULTURAL ORDER BY LETTER AND ATTACH A COPY OF THAT LETTER TO THIS FORM. IF THIS LETTER IS NOT ATTACHED YOUR REQUEST MAY BE DENIED.  
Month      Day      Year

### CERTIFICATION

I certify under penalty of law that the submitted information is to the best of my knowledge and belief, true, accurate and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Responsible Party)

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_

For Regional Board Use Only:    APPROVED    NOT APPROVED    NEED MORE INFO    OTHER _____
---