

INDIVIDUAL FARM / RANCH – NOTICE OF TERMINATION

October 2012 Version

SUBMIT TO: Central Coast Regional Water Quality Control Board
ATTN: Agricultural Regulatory Program
895 Aerovista Place, Suite 101
San Luis Obispo, CA 93401

CONDITIONAL WAIVER OF WASTE DISCHARGE REQUIREMENTS FOR DISCHARGES FROM IRRIGATED LANDS REGIONAL BOARD ORDER R3-2012-0011

Submission of this Individual Farm/Ranch – Notice of Termination form constitutes an official notification to the Central Coast Regional Water Board that the individual farm(s)/ranch(es) identified below have elected to terminate coverage under Order No. R3-2012-0011, Conditional Waiver of Waste Discharge Requirements for Discharges from Irrigated Lands, (Irrigated Agricultural Order). In the event of any change in control or ownership of an individual farm/ranch, 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. R3-2012-0011, p26, #61).

Complete additional Individual Farm/Ranch–Notice of Termination forms, as necessary, to terminate more than two individual farms/ranches.

GENERAL OPERATION INFORMATION

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

REQUEST TO TERMINATE AN INDIVIDUAL FARM/RANCH

List the farm/ranch name, acreage, and assessor parcel number(s) for the individual farm/ranch you wish to terminate.

Farm/Ranch Name	Acreage	Assessor Parcel Number(s)

Reason for Individual Farm/Ranch 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 AGRICULRUAL
Month Day Year ORDER BY LETTER AND ATTACH A COPY OF THAT LETTER TO THIS FORM.
IF THIS LETTER IS NOT ATTACHED YOUR REQUEST MAY BE DENIED.

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

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: _____
(Operator/Responsible Party)

Printed name: _____ Title: _____

For Regional Board Use Only: APPROVED DENIED NEED ADDITIONAL INFO OTHER _____