

### **Instructions for Notice of Completion Form**

The Enrollee must provide the State Water Board and the applicable Regional Water Board copies of all correspondence and reports that are submitted to the Corps to satisfy the requirements of RGP 8. In addition, the Enrollee must file this notice of completion (NOC) form. This information must be submitted to the State Water Board and appropriate Regional Water Quality Control Board within 45 calendar days of completion of any action conducted under RGP 8.

Failure to submit a complete NOC within 45 calendar days of completion of any action conducted under this water quality certification may result in the imposition of administrative and/or civil liability pursuant to Water Code section 13385.

### Notice of Completion Form and Document Submittal Information

#### Electronic Submittal:

- Locate the email addresses of the "State Program Manager" and the appropriate "Region Program Manager" from the website: http://www.waterboards.ca.gov/water\_issues/programs/cwa401/docs/staffdirectory.pdf
- Address email to the state program manager and appropriate region program manager and include in the subject line: (Attention - RGP 8 Notice of Completion)

#### Hardcopy Submittal Addresses:

ATTN: Program Manager CWA Section 401 WQC Program Division of Water Quality State Water Resources Control Board 1001 "I" St. 15th Floor Sacramento, CA 95814

ATTN: Program Manager
CWA Section 401 WQC Program
Insert mailing address of appropriate Regional Water Board, obtained from:
http://www.waterboards.ca.gov/water\_issues/programs/cwa401/docs/staffdirectory.pdf

PROPERTY OWNER					
Name:	Phone Number:				
Mailing Address:					
City:	State:	ZIP Code:			
Contact Person:	E-Mail:				
BILLING A	ADDRESS	town sint retire before the			
Name:	Phone Number:				
Mailing Address:					
City:	State:	ZIP Code:			
Contact Person:	E-Mail:				
	OLLEE from owner)				
Name:	Phone Number:				
Mailing Address:		4			
City:	State:	ZIP Code:			
Contact Person:	E-Mail:				
PROJECT SIT	TE LOCATION	HE STORY OF HIS AVO			
Street (include address, if any):					
Nearest Cross Street(s):		57			
County:	Total size of proje	ct site (acres):			
Photos Attached: ☐Yes ☐ No					
Latitude/Longitude (Center of Discharge Area) in degrees/minutes/seconds (DMS) to the nearest ½ second OR decimal degrees (DD) to four decimals (0.0001 degree)					
DMS: N. Latitude Deg Min	Sec				
W. Longitude Deg Min	Sec				
DD: N. Latitude					
W. Longitude		, v			
Attach a map of at least 1:24000 (1" = 2000') detail of the impact site(s).					
<ul> <li>Indicate the map format used (listed in order of preference):</li> <li>☐ GIS shapefiles. The shapefiles must depict the boundaries of all project areas and extent of</li> </ul>					
aquatic resources impacted. Each shape should be attributed with the aquatic resource type. Features and boundaries should be accurate to within 33 feet (10 meters). Identify datum/projection used and if possible, provide map with a North American Datum of 1983 (NAD38) in the California Teale Albers projection.					
☐ Google KML files saved from Google Maps: My Maps (free) or Google Earth Pro (not free).  Maps must show the boundaries of all project areas and extent/type of aquatic resources					

impacted.*  ☐ Aquatic resource printouts. Maps mu resources impacted	st show the	The state of the s			Control of the American State of the State o	
* If using Google I	Maps: My N	laps or similar	, provide UR	L(s) of ma	ıps.	s .
		DISCHARGI	E INFORMAT	ION		
Project Start Date:						A THE STEER STATE
Names of Receiving Water(s):					Name 2	
65	30		ч		1 1000	
Receiving Water Ty	/pes:		- 14	1289	J. Section 1	141 320ET
□Lake/Reservo □Ocean/Estua □River/Stream	ry/Bay	ğ		Riparian Area Vernal Pool Wetland		
Regulatory Agencie	es with Juris	sdiction Over Pr	oject and Ass	ociated Pe	ermits/Agreeme	ents:
Emergency Project	Description	n: (e.g. discharge	e of riprap; disc	harge of fill;	excavation for	a utility line)
Purpose of the Enti restore damaged p		Activity: (e.g. str	eam-bank ero	sion contro	ol; maintain, re	pair, or
Erosion and Sedim	ent Control	Measures Imple	emented:	Anoth	vem auth 1400	Mose 8 C
Pollution Prevention Measures Implemented:						
Fill and Excavation yards, and linear feet and/or temporary.						
Aquatic Resource	Temporary Impact		Permanent Impact			
Туре	Acres	Cubic Yards	Linear Feet	Acres	Cubic Yards	Linear Feet
Lake/Reservoir						
Ocean/Estuary/Bay		6				
Riparian Zone					3	W S
Stream Channel	21			, v		
Vernal Pool						
Wetland		X01		19		

COMPENSATORY MITIGATION					
Required: ☐ Yes ☐ No Photos Attached: ☐ Yes ☐ No					
Compensatory Mitigation Description (include aquatic resource type and acres and linear feet):					
MITIGATION SITE LOCATION					
Street (include address, if any):					
Nearest Cross Street(s):					
County:					
Latitude/Longitude (Center of Mitigation Area) in degrees/minutes/seconds (DMS) to the nearest ½ second OR decimal degrees (DD) to four decimals (0.0001 degree)					
DMS: N. Latitude Deg Min Sec					
W. Longitude Deg Min Sec					
DD: N. Latitude					
W. Longitude					
Attach a map of at least 1:24000 (1" = 2000') detail of the mitigation site.					
Indicate the map format used (listed in order of preference):					
☐ GIS shapefiles. The shapefiles must depict the boundaries of all project(s) and extent of aquatic resources. Each shape should be attributed with the aquatic resource type. Features and boundaries should be accurate to within 33 feet (10 meters). Identify datum/projection used and if possible, provide map with a North American Datum of 1983 (NAD38) in the California Teale Albers projection.					
☐ Google KML files saved from Google Maps: My Maps (free) or Google Earth Pro (not free).  Maps must show the boundaries of all project(s) and extent/type of aquatic resources.*					
☐ Aquatic resource maps marked on paper USGS 7.5 minute <b>topographic maps</b> or DOQQ printouts. Maps must show the boundaries of all project(s) and extent/type of aquatic resources.					
* If using Google Maps: My Maps or similar, provide URL(s) of maps.					

CERTIFICATION				
"I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. In addition, I certify that the provisions of this Certification and Corps Regional General Permit No. 8 will be complied with."				
Signature of Discharger	Title			
Printed or Typed Name	Date			



### (Attach fee check here)

#### Instructions for Notice of Intent (Attachment D)

The prospective Enrollee must notify the State Water Board and the applicable Regional Water Board at least forty-eight (48) hours prior to initiating the emergency project. Notification may be via telephone, email, delivered written notice, or other verifiable means. This notification must be followed within three (3) business days by electronic or written submission of all of the information in this notice of intent (NOI).

Locate the Regional Water Quality Control Board your emergency project is located in at: <a href="http://www.waterboards.ca.gov/waterboards">http://www.waterboards.ca.gov/waterboards</a> map.shtml

Locate the contact information for the "State Program Manager" and the appropriate "Region Program Manager" from the website:

http://www.waterboards.ca.gov/water issues/programs/cwa401/docs/staffdirectory.pdf

- Address notification email to the state program manager and appropriate region program manager and include in the subject line: (Attention: RGP 8 – Notice of Intent); or
- · Call the state program manager and appropriate region program manager; or
- Send written notification to the following addresses:

ATTN: Program Manager CWA Section 401 WQC Program Division of Water Quality State Water Resources Control Board 1001 "I" St. 15th Floor Sacramento, CA 95814

ATTN: Program Manager
CWA Section 401 WQC Program
Insert address of appropriate Regional Water Board, obtained from:
http://www.waterboards.ca.gov/water\_issues/programs/cwa401/docs/staffdirectory.pdf

The Enrollee must provide to the appropriate Regional Water Board the fee for review and processing of the NOI in accordance with California Code of Regulations, title 23, section 2200 within forty-eight (48) hours of project initiation. Failure to promptly pay the correct fee amount may result in a disqualification for enrollment pursuant to this water quality certification.

The fee amount is calculated using the "Emergency Projects authorized by a Water Board General Order" fee category within the Dredge and Fill Fee Calculator located at: http://www.waterboards.ca.gov/water\_issues/programs/cwa401/index.shtml

The Water Boards recognize there may be situations where imminent threats to life or property occur and the Enrollee has not received a notice of applicability (i.e., the notification from the Water Board that the Enrollee has successfully enrolled under this Certification). If immediate, specific actions, as defined in the California Code of Regulations, title 14, section 15269(c), are required by the Enrollee and prior notice to the State Water Board and the applicable Regional Water Board is not possible, then the Enrollee must contact the State Water Board and the applicable Regional Water Board within one (1) business day of the action. As provided above, this notification must be followed within three (3) business days by electronic or written submission of all of the information in this NOI.

PROPERTY OWNER							
Name: Phone Number:							
Mailing Address:							
City:	State:	ZIP Code:					
Contact Person:	E-Mail:						
PROSPECTIVE ENROLLEE (If different from owner)							
Name:	The state of the s						
Mailing Address:							
City:	State:	ZIP Code:					
Contact Person:	E-Mail:						
PROJECT SI	TE LOCATION	una (golea) de da da la					
Street (include address, if any):							
Nearest Cross Street(s):		*)					
County:	Total size of proje	ect site (acres):					
Latitude/Longitude (Center of Discharge Area) in degrees/minutes/seconds (DMS) to the nearest ½ second OR decimal degrees (DD) to four decimals (0.0001 degree)							
DMS: N. Latitude Deg Min	Sec						
W. Longitude Deg Min		* ************************************					
DD: N. Latitude	-	*					
W. Longitude							
VV. Longitude							
Map Attached: □Yes □ No							
Photos Attached: □Yes □ No							
DISCHARGE	INFORMATION	The Control of the State of St					
Names of Receiving Water(s):							
		*					
	10						
Receiving Water Types:							
□Lake/Reservoir	□Riparian Area						
□Ocean/Estuary/Bay	□Vernal Pool						
□River/Streambed Emergency Project Description:	□Wetland						
Emergency i Toject Description.							
ii ii							
ii e							

Prop	osed Solution to Emergency:
	X X
Fros	ion and Sediment Control Measures Proposed:
LIUS	ion and ocument control weasures i roposed.
	and the second s
	de la companya de la
	ription of how Emergency Definition is Satisfied: unexpected; potential loss of life or property)
Whic	ch of these criteria does the project satisfy? (Check all that apply)
П	Projects to maintain, repair, restore, demolish, or replace property or facilities damaged or
—	destroyed as a result of a disaster in a disaster stricken area in which a state of emergency
	has been proclaimed by the Governor pursuant to the California Emergency Services Act, commencing with section 8550 of the Government Code.
	Emergency repairs to publicly or privately owned service facilities necessary to maintain
	service essential to the public health, safety, or welfare.
П	Specific actions necessary to prevent or mitigate an emergency. This does not include
-	long-term projects undertaken for the purpose of preventing or mitigating a situation that
	has a low probability of occurrence in the short-term.
П	Projects undertaken, carried out, or approved by a public agency to maintain, repair, or
_	restore an existing highway damaged by fire, flood, storm, earthquake, land subsidence,
	gradual earth movement, or landslide, provided that the project is within the existing right
	of way of that highway and is initiated within one year of the damage occurring. This does not apply to highways designated as official State scenic highways, nor any project
	undertaken, carried out, or approved by a public agency to expand or widen a highway
	damaged by fire, flood, storm, earthquake, land subsidence, gradual earth movement, or
	landslide.
	Seismic work on highways and bridges pursuant to section 180.2 of the Streets and
	Highways Code, section 180 et seq.

Fill and Excavation Discharges: For each aquatic resource type listed below indicate in acres, cubic

yards, and linear feet the estimated discharge to waters of the state, and identify the impact(s) as permanent and/or temporary. **Temporary Impact Permanent Impact** Aquatic Resource Type Cubic Yards Linear Feet Cubic Yards Linear Feet Acres Acres Lake/Reservoir Ocean/Estuary/Bay Riparian Zone Stream Channel

Otream onamici							
Vernal Pool							
Wetland							
	y v				n e		
CERTIFICATION							
"I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. In addition, I certify that the provisions of this Certification and Corps Regional General Permit No. 8 will be complied with."							
Signature of Dischar	ger	40		Title			
Printed or Typed Na	me			Date	v		