



**NOTICE OF DISCHARGE REPORT
(HIGH LEVEL NON-COMPLIANCE)**

PROJECT NAME AND SITE ADDRESS:	CONTRACT NUMBER:
	ORACLE NUMBER:
	WDID NUMBER:
CONTRACTOR NAME AND ADDRESS:	PROJECT SITE RISK LEVEL: <input type="checkbox"/> Risk Level 1 <input type="checkbox"/> WPCP <input type="checkbox"/> LUP Type 1 <input type="checkbox"/> Risk Level 2 <input type="checkbox"/> LUP Type 2 <input type="checkbox"/> Risk Level 3 <input type="checkbox"/> LUP Type 3
Submitted by (Print Name and Sign):	Date:

Notice of Discharge General Information

Location	Date and Time discharge discovered	Discharge Quantity
Discharge identified by stormwater visual site inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	Discharge discovered by contractor during daily work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Discharge samples taken? <input type="checkbox"/> Yes <input type="checkbox"/> No
Discharge identified by Regional Water Quality Control Board? <input type="checkbox"/> Yes <input type="checkbox"/> No		Discharge identified by State Water Resources Control Board? <input type="checkbox"/> Yes <input type="checkbox"/> No
Discharge type <input type="checkbox"/> Stormwater <input type="checkbox"/> Authorized non-stormwater <input type="checkbox"/> Non-authorized non-stormwater		Exceedance of applicable water quality standard <input type="checkbox"/> Turbidity <input type="checkbox"/> pH <input type="checkbox"/> _____
Date and time Water Pollution Control Manager notified of discharge _____		Date and time Resident Engineer notified of discharge _____

Storm Event Information

Complete this section for stormwater discharges

Start of storm event _____ <i>Date</i> _____ <i>Time</i>	End of storm event _____ <i>Date</i> _____ <i>Time</i>	Duration of storm event _____ <i>Hours : Minutes</i>	Storm event precipitation amount recorded from site rain gauge _____ <i>inches</i>	Storm event precipitation amount recorded from governmental rain gauge _____ <i>inches</i>
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Notice of Discharge Information

Photographs

The nature and cause of the water quality standard exceedance, base on a visual observation of the discharge location	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nature of the operation that caused the non-compliance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Initial assessment of any impact caused by the non-compliance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Existing BMPs in place prior to non-compliance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of deployment and type of BMPs deployed after the non-compliance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Steps taken or planned to reduce, eliminate and/or prevent recurrence of the non-compliance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Implementation and maintenance schedule for any affected BMPs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other required corrective actions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Summary of actions taken to reduce the pollutants causing or contributing to the water quality standard exceedance	



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Contact Person

If further information or modification to the above items is required, notify the contact person below.

Name of Contact Person	Title
Company	Telephone Number
Signature	Date

Notice of Discharge Report Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or 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, to the best of my knowledge and belief, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Water Pollution Control Manager (Name)	Date	
Water Pollution Control Manager (Signature)		
Accepted by Resident Engineer (Name)	Date	
Resident Engineer (Signature)		
Discharge reported by telephone or email to the Watershed Protection Program (WPP) or Department Point of Contact (POC) within 24 hours of discovery? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date discharge reported to RWQCB	Resident Engineer initials
Notice of Discharge Report submitted to WPP or POC within 2 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date report submitted to RWQCB	Resident Engineer initials

Instructions

General Information

- This form is required for compliance with provisions in Section C-2, "Receiving Water Limitations for Construction," of the National Pollutant Discharge Elimination System (NPDES) Permit Statewide Storm Water Permit and the San Diego County Municipal Stormwater Permit, Order No. R9-2007-0001.
- This form is to be completed when the contractor, County, State Water Resources Control Board, or Regional Water Quality Control Board staff determines that stormwater discharges, authorized non-stormwater discharges, or non-authorized, non-stormwater discharges are causing or contributing to an exceedance of an applicable water quality standard.
- Water quality standards are contained in the Statewide Water Quality Control Plan or applicable Regional Water Quality Control Boards (RWQCBs) Basin Plan.
- Sampling guidance is found in the current edition of the *Construction Site Monitoring Program Guidance Manual*.
- Include a copy of the completed form in the project Storm Water Pollution Prevention Plan (SWPPP) files.

Form

- **Storm Event Information**
Leave section blank if box is checked for either authorized or non-authorized non-stormwater discharge.
- **Discharge Information**
Do not leave any subsection blank. County permit specifically requires County to submit the information in this section to RWQCBs. For non-stormwater discharges, describe the construction operation or activity that caused the discharge.
- **Sampling and Analysis**
Leave this section blank if the "No" box is checked for discharge samples taken.
- **Analysis Results**
Analytical results less than the method detection limit shall be reported as "Less than the method detection limit."
- **Analysis Information**
Leave this section blank if the "No" box is checked for discharge samples taken.
- **Additional Information**
Leave run-on sample identification blank if no box is checked for run-on samples taken.