



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"/> 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:

Annual Report Time Period:

From Date ____ / ____ / ____ To Date ____ / ____ / ____

Complete this checklist:

C.	Storm Water Pollution Prevention Plan (SWPPP)	Yes	No	Response / Comment
C.1.	Has a SWPPP been prepared by a qualified SWPPP Developer (QSD) for the construction project? If NO, explain.			
C.2.	Does the SWPPP include a Construction Site Monitoring Program (CSMP) section/element? If NO, Explain.			
C.3.	Are these documents kept onsite? If NO, explain.			

D.	Good Site Management “Housekeeping”	Yes	No	N/A	Response / Comment
D.1.	Were required good site management “housekeeping” measures for construction materials fully implemented on-site? If NO, explain.				
D.1.a.	Was an inventory of the products used and/or expected to be used, conducted?				
D.2.	Were required good site management “housekeeping” measures for waste management fully implemented on-site? If NO, explain.				
D.2.a.	Is there a spill response and implementation element of the SWPPP? If NO, explain.				
D.3.	Were required good site management “housekeeping” measures for vehicle storage and maintenance fully implemented on-site? If NO, explain.				
D.4.	Were required good site management “housekeeping” measures for landscape materials fully implemented on-site? If NO, explain.				
D.5.	Was a list of potential pollutant sources developed? If NO, explain.				
D.6.	Were good site management “housekeeping” measures to control air deposition of site materials and from site operations implemented on-site? If NO, explain.				

E.	Non-Storm Water Management	Yes	No	N/A	Response / Comment
E.1.	Were measures to control all non-storm water discharges during construction implemented? If NO, explain.				
E.2.	Were vehicles washed in such a manner as to prevent non-storm discharge to surface waters or to MS4 drainage systems? If NO, explain.				
E.3.	Were streets cleaned in such a manner as to prevent unauthorized non-storm water discharges from reaching surface waters or MS4 drainage systems? If NO, explain.				



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F.	Erosion Controls	Yes	No	Response / Comment	
F.1.	Were required erosion controls fully implemented on your site? If NO, explain.				

G.	Sediment Controls	Yes	No	Response / Comment	
G.1.	Were required sediment controls fully implemented on your site? If NO, explain.				
G.2.	Were immediate access roads inspected on daily basis? If NO, explain.				
G.3.	Was an Active Treatment System implemented on site?				

H.	Run-on and Run-off Controls	Yes	No	N/A	Response / Comment
H.1.	Was all site run-on and run-off effectively managed? If NO, explain.				
H.2.	Did Risk Level 2 and 3 dischargers monitor and report run-on from surrounding areas if there was reason to believe run-on may have contributed to an NAL or NEL exceedance? If NO, explain.				

I.	Rain Event Action Plan (REAP)	Yes	No	N/A	Response / Comment
I.1.	Were REAPs developed 48 hours prior to all likely precipitation events (50% or greater probability of producing precipitation)? If NO, explain.				
I.2.	Did the REAPs developed meet the minimum criteria listed in the CGP? If NO, explain.				
I.3.	Was a REAP developed for each qualifying event in accordance with the permit requirements (i.e. grading and land development, streets and utilities, vertical construction, final landscaping and site stabilization)?				

J.	Inspection, Maintenance and Repair	Yes	No	N/A	Response / Comment
J.1.	Were all site inspections, maintenance, and repairs performed or supervised by a Qualified SWPPP Practitioner (QSP)? If NO, explain.				
J.2.	Were site inspections conducted weekly and at least once each 24-hour period during extending storm events? If NO, explain.				
J.3.	Were post rain event inspections conducted? If NO, explain.				
J.4.	Do your inspection forms/checklists meet the minimum criteria listed in the CGP? If NO, explain.				
J.5.	During any site inspection, were BMP inadequacies noticed? If YES, provide description in Form 3.				
J.6.	If BMP inadequacies were observed, did BMP repairs/replacement occur within 72 hours? If NO, explain.				



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K.	Visual Monitoring	Yes	No	N/A	Response / Comment
K.1.	Within 2 business days (48 hours) after each qualified rain event, were visual inspections conducted in compliance with the CGP? If NO, explain.				
K.2.	Were all storm water discharges that occurred from storage or containment systems visually observed prior to discharge? If NO, explain.				
K.3.	Were the time, date and rain gauge reading recorded for each qualifying rain event?				
K.4.	Within 2 business days (48 hours) prior to each predicted rain event, were visual inspections conducted in compliance with the CGP? If NO, explain.				
K.5.	Are all visual inspections records retained on-site? If NO, explain.				

L.	Water Quality Sampling and Analysis	Yes	No	N/A	Response / Comment
L.1.	How many qualifying storm events (producing precipitation of 0.5 inch or more at the time of discharge) occurred this past reporting year?				
L.2.	How many qualifying storm events (producing precipitation of 0.5 inch or more at the time of discharge) were sampled? Explain Un-sampled events				
L.3.	For the sampled events, did you collect three samples, at minimum (representative of the flow and characteristics) each day of discharge per qualified event? If NO, explain.				
L.4.	Were grab samples analyzed for pH and/or turbidity? (Analytical data must be entered in the RAW DATA tab in SMARTS)? If NO, explain.				
L.5.	Were Active Treatment System (ATS) effluent samples taken? (Applies to projects that deployed ATS) If no, please explain.				

M.	Non-Storm Water Discharge Monitoring	Yes	No	N/A	Response / Comment
M.1.	Were all drainage areas monitored for authorized / unauthorized non-storm water discharges quarterly? (Complete Form 2) If NO, explain.				
M.2.	Did visual observations indicate any authorized / unauthorized non-storm water discharge?				
M.3.	Were effluent samples taken of the authorized / unauthorized non-storm water discharged? (Analytical data must be entered in the RAW DATA tab in SMARTS) If NO, explain.				
M.4.	Were the effluent samples sent to a laboratory certified for such analyses by State Department of Health Services? If NO, explain.				
M.5.	Were unauthorized non-stormwater discharges eliminated? If NO, explain.				



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N.	Non-Visible Pollutant Monitoring	Yes	No	N/A	Response / Comment
N.1.	Were any breaches, malfunctions, leakages, or spills observed during visual inspection?				
N.2.	How many potential discharges of non-visible pollutants were identified?				
N.3.	For each discharge event (of non-visible pollutants), were samples collected in compliance with the CGP? (Analytical data must be entered in the RAW DATA tab in SMARTS) If NO, explain.				
N.4.	For each discharge event was a comparison sample collected (uncontaminated sample that did not come into contact with the pollutant)? (Analytical data must be entered in the RAW DATA tab in SMARTS) If NO, explain.				

O.	Watershed Monitoring	Yes	No	Response / Comment
O.1.	Are you part of a qualified regional watershed-based monitoring program approved by the Regional Water Board? If YES, Describe.			

P.	Records	Yes	No	Response / Comment
P.1.	Are all records of all stormwater monitoring information on-site? If NO, explain.			

Q.	NAL Exceedance	Yes	No	N/A	Response / Comment
Q.1.	Were any Numeric Action Levels (NALs) exceeded? If, NO or N/A Skip to next Section.				
Q.2.	Were corrective actions taken to address the NAL exceedances? If NO, Explain. If YES, please provide information about the corrective actions taken on Form 3				
Q.3.	Were analytical results from any/all NAL exceedances submitted electronically to the State Water Board no later than 10 days after the conclusion of the storm event? If NO, explain.				
Q.4.	Were any NAL Exceedance Reports submitted to the Regional Water Board?				

T.	Training	Yes	No	Response / Comment
T.1.	Was a Qualified SWPPP Practitioner (QSP) in reasonable charge of SWPPP implementation? If YES, Provide name and certification number. If NO, explain.			
T.2.	Were all individuals conducting BMP installation, inspection, maintenance and repairs trained appropriately? If NO, explain.			
T.3.	Are complete training records kept on-site and available upon request? If NO, explain.			



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U.	Authorized Non-Stormwater Discharges (NSWDs) Discharged	Yes	No	Response / Comment
U.1.	Were any authorized NSWDs discharged observed from July-September? If YES, fill out FORM 2.			
U.2.	Were any authorized NSWDs discharged observed from October-December? If YES, fill out FORM 2.			
U.3.	Were any authorized NSWDs discharged observed from January-March? If YES, fill out FORM 2.			
U.4.	Were any authorized NSWDs discharged observed from April-June? If YES, fill out FORM 2.			

V.	Unauthorized NSWDs Discharged	Yes	No	Response / Comment
V.1.	Were any unauthorized NSWDs discharged observed from July-September? If YES, fill out FORM 2.			
V.2.	Were any unauthorized NSWDs discharged observed from October-December? If YES, fill out FORM 2.			
V.3.	Were any unauthorized NSWDs discharged observed from January-March? If YES, fill out FORM 2.			
V.4.	Were any unauthorized NSWDs discharged observed from April-June? If YES, fill out FORM 2.			

FORM 2 – Non-Storm Water Discharge (NSWD)

Please provide the below details:

Date/Time of observation MM/dd/yyyy HH:mm:ss	Authorized or Unauthorized (Check One)	Source and Location of NSWD	Name of NSWD	Describe NSWD Characteristics (At the NSWD Source)	Describe NSWD Characteristic (At the NSWD Drainage Area and Discharge Location)	Describe any Revised or New BMPs and provide their implementation date
	<input type="checkbox"/> Authorized <input type="checkbox"/> Unauthorized					



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FORM 3 – Deficiencies and corrective actions

Please provide a general summary of any BMP deficiencies identified for each and the corrective action taken:

Evaluation Date	Describe deficiencies in BMPs or BMP implementation	Describe additional / revised BMPs or corrective actions and their date(s) of implementation.
July – September Quarter		
October – December Quarter		
January – March Quarter		
April – June Quarter		

Attachment:

Provide all required current documents related to the Storm Water Annual Report Monitoring (SWARM) Reports.

Daily Averages Summary:

Data Summary for the Daily Averages of the Adhoc Reports associated with this Annual Report. Please provide the below details:

Adhoc Report ID	Business Day Number	Business Day Date	pH Average / SU	Turbidity Average / NTU	Calculation Summary



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Adhoc Reports:

Please provide the below details:

Event Type	Event Start Date / Time	Event End Date / Time	Rain Fall Amount	No. of Business Days
Non-storm Water Discharge Event				
Rain Event				

Event Report:

Please provide the below details:

Monitoring Location	% of Total Discharge	Sample Date/Time MM/DD/YYYY HH24:MI	Qualified SWPPP Practitioner	Parameter	Results in Units	Method Detection Limit	Analyzed by
							<input type="checkbox"/> Self <input type="checkbox"/> Lab <input type="checkbox"/> Other

Review and Record Keeping

I have reviewed this document and 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.

Water Pollution Control Manager (Name)	Date
Water Pollution Control Manager (Signature)	
Accepted by Resident Engineer (Name)	Date
Resident Engineer (Signature)	

Instructions

General Information

- This form is required for compliance with provisions in Section XVI of Order of the National Pollutant Discharge Elimination Systems (NPDES) General Permit for Storm Water Discharges Associated with Construction and Land Disturbance Activities, Order No. 2009-0009-DWQ, NPDES No. CAS000002.
- This form is not required for projects that are enrolled for less than one continuous three-month period.