

PROJECT NAME AND SITE ADDRESS:		CONTRACT NUMBER:		
		ORACLE NUMBER:		
		WDID NUMBER:		
CONTRACTOR NAME AND ADDRESS:		PROJECT SITE RISK LEVEL		
		☐ Risk Level 1	☐ LUP Type	e 1 🔲 WPCP
		Risk Level 2	LUP Type	e 2
		☐ Risk Level 3	LUP Type 3	
Sto	rmwater Trainin	g Record		
Training Course Title or Specific Training Objective		Location		
Date of Training		Course Duration		
Stormwater Topics				
☐ Temporary soil stabilization		☐ Temporary sediment control		
☐ Tracking controls		☐ Wind erosion control		
☐ Non-stormwater management		☐ Stormwater discharge sampling		
☐ Permanent soil stabilization		☐ Waste management and materials pollution control		
☐ Pre-qualifying precipitation event		☐ Spill prevention and control		
☐ Work over the water		☐ BMPs required for current work activities		
☐ Material delivery, storage, usage, and disposal		☐ Initial project training		
☐ Deficiencies and corrective actions		☐ Other:		
_	Attendee Ros	ster		
Name		Company		Initials



PROJECT NAME AND SITE ADDRESS:		CONTRACT NUMBER:			
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Attendee Roster (continued)					
Name		Company	Initials		
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Oto manusch in Train	lan Banard					
Stormwater Training Record						
Instructor Cert I certify under penalty of law that this document and all attachments were prepared under a qualified personnel properly gather and evaluate the information submitted. Based on my is directly responsible for gathering the information, the information submitted is, to the best of are significant penalties for submitting false information, including the possibility of fine and password constitute my electronic signature and any information I indicate I am electronicate the legal equivalent of my handwritten signature. My signature on this form certifies that my will not delegate or share it with any other person. Should I wish to delegate such authority using Stormwater Multiple Application and Report Tracking System (SMARTS) of such del electronic signature from unauthorized use, and that I will contact the State Water Board, whas been lost, stolen, or otherwise compromised.	my direction or supervision in accordance with a system designed to assure that nquiry of the person or persons who manage the system, or those persons of my knowledge and belief, true, accurate, and complete. I am aware that there is imprisonment for knowing violations. I am also aware that my user ID and hally certifying contains my signature. I understand that my electronic signature is y electronic signature is for my own use, that I will keep it confidential, and that I r, I will do so formally in writing and electronically notify the State Water Board egation within 10 days of the delegation. I further certify that I will protect my					
Instructor Name:	Date					
Instructor Signature:	Title					
Review and Record Keeping						
I have reviewed this document and, based on my inquiry of the person or persons who ma information, to the best of my knowledge and belief the information submitted is true, accur	nage the system or those persons directly responsible for gathering the					
Water Pollution Control Manager Name:	Date					
Water Pollution Control Manager Signature:	<u> </u>					
Resident Engineer Name:	Date					
Resident Engineer Signature:						
INSTRUCTIONS						
GENERAL INFORMATION						
Projects with a Stormwater Pollution Prevention Plan (SWPPP) or W.	/ater Pollution Control Program (WPCP) require the information on this					
form to document stormwater training for contractor and subcontractor managers, supervisors, and employees. • Provide this training record and an updated copy of CE-2031, "Stormwater Training Log," to the Resident Engineer within five (5) days of the date of training.						
 Attach additional copies of page 2 of this form if necessary to record all attendees attending training. 						
FORM						
WDID Number For projects with Water Pollution Control Program, enter "WPCP."						

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