



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

CHANGE OF INFORMATION (COI) TRIGGER

Select All That Apply:

- | | |
|---|--|
| <input type="checkbox"/> Revise Construction Start or End Dates | <input type="checkbox"/> Applicable Dewatering Discharges Changes |
| <input type="checkbox"/> Reduction or Increase of Disturbed Soil Area (DSA) Acreage | <input type="checkbox"/> Revised Post-Construction Best Management Practices |
| <input type="checkbox"/> Inactive Project Status (start or stop) | <input type="checkbox"/> Change of Ownership |

Complete specific section below as applicable based on selected COI trigger:

Revised Construction Start or End Dates—Include the following attachments:

- ☐ Time stamped photo documentation showing construction has not commenced
- ☐ Revised SWPPP
- ☐ Complete the "Project Revised Values" section, next page

Reduction or Increase of Project DSA—Include the following attachments:

- ☐ Site visual inspection by the Qualified SWPPP Practitioner before COI
- ☐ Time stamped photo documentation showing final stabilization for reduction of DSA trigger
- ☐ Revised site map
- ☐ Revised SWPPP
- ☐ Complete the "Project Revised Values" section, next page

Notes: The COI shall be submitted to Stormwater Multiple Application and Report Tracking System (SMARTS) within 30 days of a reduction in DSA. Do not increase DSA before authorization.

Change in Inactive Project Status—Project suspended for at least 30 days. Include the following attachments:

- ☐ Revised site map
- ☐ Time stamped photo documentation showing the temporary stabilization best management practices

Change in Dewatering Operations—Complete this section and include the following attachments:

- ☐ Revised SWPPP
- ☐ Revised site map

Dewatering operations starting date:

Resume Site Operations—Select the activity to be resumed:

- ☐ Site Operations (from inactive status) ☐ Active Treatment System ☐ Passive Treatment System

Check the applicable attachment(s):

- ☐ Revised site map ☐ Revised Active Treatment System Plan ☐ Revised Passive Treatment Plan

Change in Ownership—Complete this section and include the following attachments:

- ☐ Notice of Termination¹ for Change in Ownership
- ☐ Certification that new owner has been notified of applicable requirements to obtain a new General Permit for the qualifying activities

¹The existing discharger certification shall include the name, address, telephone number, and email address of the proposed new owner in the Notice of Termination submitted through SMARTS



PROJECT NAME AND SITE ADDRESS:	CONTRACT NUMBER:
	ORACLE NUMBER:
	WDID NUMBER:

Project Revised Values: Complete this section for revised start or end dates, or an increase or decrease in DSA.

CONSTRUCTION DETAILS:	CURRENT VALUES	REVISED VALUES
TOTAL DISTURBED AREA (ACRES):		
TOTAL SITE AREA (ACRES):		
CONSTRUCTION START DATE:		
CONSTRUCTION COMPLETION DATE:		
R VALUE FACTOR:		
K VALUE FACTOR:		
LS VALUE FACTOR:		
RISK LEVEL:		

CHANGE OF INFORMATION CERTIFICATION

Qualified SWPPP Developer (QSD) 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, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Qualified SWPPP Developer Name

Qualified SWPPP Developer Signature

Date

Water Pollution Control Manager 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, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Water Pollution Control Manager Name

Water Pollution Control Manager Signature

Date

Contractor 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, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Contractor Name

Contractor Signature

Date

Resident Engineer 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, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Resident Engineer Name

Resident Engineer Signature

Date