

**STORMWATER & NON-STORMWATER****SAMPLING REPORT**

CE 2053 (Rev. 10/26)

PROJECT NAME:	CONTRACT NUMBER:	REPORT #
	ORACLE NUMBER:	WDID:
SITE ADDRESS / INSPECTION LOCATION(S):		PROJECT TYPE: ☐ WPCP ☐ SWPPP
CONTRACTOR NAME:		

GENERAL INFORMATION

SAMPLING / TESTING AGENT NAME:	☐ QSD ☐ QSP ☐ DELEGATE ☐ COUNTY
Sample Types: ☐ Stormwater ☐ Non-Stormwater	Analyzed For: ☐ pH ☐ Turbidity ☐ Other Parameters
Sampling Event / Trigger:	☐ QPE Stormwater Sampling ☐ Non-Visible Pollutant Monitoring ☐ Authorized Non-Stormwater ☐ Receiving Water Monitoring ☐ Other:
If Non-Stormwater, identify source / reason:	
Laboratory Analysis Required: ☐ Yes ☐ No	If Yes, attach Laboratory Report and Chain of Custody form.
Required sampling not completed? ☐ Yes ☐ No	If Yes, identify applicable exception below.

- ☐ Dangerous weather conditions such as electrical storms, flooding, and high winds above 40 MPH
☐ Outside scheduled site operation hours

Sampling Exceptions: ☐ Site is not accessible to personnel

Attach backup documentation to corroborate any exceptions to sampling and submit this completed form to the Resident Engineer. You must still identify discharge locations that would have been sampled otherwise.

CALIBRATION INFORMATION

Calibrate instruments in accordance with the manufacturer's instructions before field testing. If calibration cannot be successfully completed or results are outside the manufacturer's acceptable limits, then troubleshoot, maintain, recalibrate, or replace the instrument as necessary before use. Document significant calibration or equipment issues in the notes section.

pH METER

pH Meter Manufacturer:		Model Number:		Analytical Method: pH Field			
Meter Serial Number:		Probe Serial Number:		Method Detection Limit / Resolution (pH):			
Date	Time (24-hr)	Temperature (°F)	Buffer Solution (pH)	Buffer Solution Expiration Date	Reading (pH)	Initials	Slope (%)
			4.0				
			7.0				
			10.0				
End-Of-Day Drift Check (pH 7.0)		Time (24-hr):	Temperature (°F):	Reading (pH):		Initials:	

TURBIDIMETER

Turbidimeter Manufacturer:		Model Number:		Analytical Method: E180.1			
Meter Serial Number:		Method Detection Limit / Resolution (NTU):					
Date	Time (24-hr)	Standard Solution (NTU)	Standard Solution Expiration Date	Reading (NTU)	Initials		
End-Of-Day Drift Check (Standard: ____ NTU)		Time (24-hr):	Reading (NTU):		Initials:		

OTHER FIELD METERS

Were any other field instruments used for sampling and analysis? ☐ Yes ☐ No

If Yes, attach supporting documentation identifying the instrument, analytical method, calibration, and results.

CALIBRATION / EQUIPMENT NOTES

Document calibration difficulties, maintenance, equipment changes, or other conditions affecting measurement quality.



COUNTY OF SAN DIEGO – Department of Public Works
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FIELD SAMPLING RESULTS

Duplicate this page as needed.

Location ID	Drainage Area	Latitude	Longitude	Discharge Type	Date	Time (24-hr)	pH	Turbidity (NTU)
				Effluent				
				Effluent				
				Effluent				
				Effluent				
				Effluent				
				Effluent				
				Effluent				
				Effluent				
				Effluent				
				Effluent				
				Effluent				
				Effluent				
				Effluent				
				Effluent				
				Effluent				

RECEIVING WATER MONITORING

Do any discharge locations above trigger receiving water monitoring? ☐ Yes ☐ No

If Yes, document the associated discharge location and collect receiving water samples for the parameter(s) that triggered monitoring.

Discharge Location ID	Receiving Water Location ID	Stream Location	Latitude	Longitude	Date	Time (24-hr)	pH	Turbidity (NTU)
		Upstream						
		Downstream						
		Upstream						
		Downstream						
		Upstream						
		Downstream						

OTHER SAMPLING RESULTS

Were additional parameters sampled or analyzed for any location above? ☐ Yes ☐ No

If Yes, identify the location and parameter(s) below. For other field / lab - analyzed parameters, attach supporting documentation identifying the instrument, analytical method, calibration, results and chain of custody.

Location ID	Other Parameters

NAL & NEL EVALUATION

Did any result exceed an applicable Numeric Action Level (NAL)? ☐ Yes ☐ No

Did any result exceed an applicable Numeric Effluent Limitation (NEL)? ☐ Yes ☐ No

If Yes, identify affected Location ID(s):

Initiate applicable exceedance notification, reporting, and follow-up requirements.



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SAMPLING REPORT CERTIFICATIONS

SAMPLING / TESTING AGENT 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I am also aware that my user ID and password constitute my electronic signature and any information I indicate I am electronically certifying contains my signature. I understand that my electronic signature is the legal equivalent of my handwritten signature. My signature on this form certifies that my electronic signature is for my own use, that I will keep it confidential, and that I will not delegate or share it with any other person. Should I wish to delegate such authority, I will do so formally in writing and electronically notify the State Water Board using SMARTS of such delegation within 10 days of the delegation. I further certify that I will protect my electronic signature from unauthorized use, and that I will contact the State Water Board, within two business days of discovery, if I suspect that my electronic signature has been lost, stolen, or otherwise compromised.

Sampling and Testing Agent Name: Certification # (if any):

Sampling and Testing Agent Signature: Date Report Completed:

WATER POLLUTION CONTROL MANAGER (WPCM) 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I am also aware that my user ID and password constitute my electronic signature and any information I indicate I am electronically certifying contains my signature. I understand that my electronic signature is the legal equivalent of my handwritten signature. My signature on this form certifies that my electronic signature is for my own use, that I will keep it confidential, and that I will not delegate or share it with any other person. Should I wish to delegate such authority, I will do so formally in writing and electronically notify the State Water Board using SMARTS of such delegation within 10 days of the delegation. I further certify that I will protect my electronic signature from unauthorized use, and that I will contact the State Water Board, within two business days of discovery, if I suspect that my electronic signature has been lost, stolen, or otherwise compromised.

WPCM Name: Certification # (if any):

WPCM Signature: Date Report Certified:

RESIDENT ENGINEER (RE) STORMWATER INSPECTION REPORT ACCEPTANCE

RE Name: RE Signature: Date Report Accepted:

INSTRUCTIONS

SAMPLING & MONITORING

- Perform sampling and analysis in accordance with the applicable CGP, SWPPP / WPCP, and approved monitoring requirements.
- Identify all sampling locations using the Location ID shown in the SWPPP / WPCP and monitoring records.

SAMPLING EXCEPTIONS

- If required sampling is not completed, identify the applicable sampling exception and attach supporting documentation.
- Identify the discharge locations that would otherwise have been sampled.

CALIBRATION & FIELD ANALYSIS

- Calibrate field instruments before use and perform end-of-day drift check in accordance with manufacturer's instructions and Caltrans Construction Site Monitoring Program Guidance Manual (latest edition).
- If an instrument cannot be successfully calibrated, correct the condition or replace the instrument before use.
- For field instruments other than pH meters and turbidimeters, attach supporting documentation as described in Other Field Meters section.

RECEIVING WATER MONITORING

- When receiving water monitoring is triggered, identify the associated discharge Location ID and document corresponding upstream and downstream receiving water locations and results.

RECORDKEEPING

- Retain completed sampling reports and supporting documentation with the SWPPP / WPCP records. Submit the completed CE-2053 and applicable attachments to the Resident Engineer within 24 hours of the results.