

Date _____

California Regional Water Quality Control Board
Central Coast Region
Attn: Monitoring and Reporting Review Section
895 Aerovista Place, Suite 101
San Luis Obispo, CA 93401

Dear Mr. Briggs:

Facility Name:

Address:

Contact Person:

Job Title:

Phone Number:

WDR/NPDES Order Number:

WDID Number:

Type of Report (circle one):

Monthly

Quarterly

Semi-Annual

Annual

Month(s) (circle applicable months*):

JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC

*Annual Reports (circle the first month of the reporting period)

Year:

Violation(s) (Place an X by the appropriate choice):

_____ **No** (there are no violations to report)

_____ **Yes**

If Yes is marked (complete a-g):

a) Parameter(s) in Violation:

b) Section(s) of WDR/NPDES Violated:

c) Reported Value(s)

d) WDR/NPDES

Limit/Condition:

e) Dates of Violation(s)

(reference page of report/data sheet):

f) Explanation of Cause(s):

(attach additional information as needed)

g) Corrective Action(s):

(attach additional information as needed)

In accordance with the Standard Provisions and Reporting Requirements, I certify under penalty of law that this document and all attachments were prepared under my direction or supervision following a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge of the person(s) who manage the system, or those directly responsible for data gathering, 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.

If you have any questions or require additional information, please contact me at the number provided above.

Sincerely,

Name:

Title: