



CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD – SANTA ANA REGION
NOTICE OF INTENT
 TO COMPLY WITH THE TERMS OF THE RIVERSIDE COUNTY MUNICIPAL STORMWATER PERMIT
 FOR STORMWATER DISCHARGES ASSOCIATED WITH CONSTRUCTION ACTIVITIES
ORDER No. R8-2010-0033 (NPDES No. CAS618033)



MARK ONLY ONE ITEM 1. New Construction/Reconstruction 2. Change of Information for WQID# _____

I. -OWNER

Name		Contact Person		
Mailing Address		Title		
City	State CA	Zip	Phone () - Fax () - Email :	

II. CONTRACTOR INFORMATION

Name		Contact Person		
Local Mailing Address		Title		
City	State CA	Zip	Phone () - Fax () - Email:	

III. SITE INFORMATION

A. Project Title		Site Address		
City/Unincorporated Area		State CA	Zip	Contact Person Phone () -
B. Construction commencement date: (Month / Day / Year)		C. Projected construction completion date: (Month / Day / Year)		

D. Type of Work: <input type="checkbox"/> Utility <input type="checkbox"/> Flood Control <input type="checkbox"/> Transportation <input type="checkbox"/> Other (Specify)	E. Total size of project/construction site: _____ Acres Total size of area to be disturbed: _____ Acres.
Description of Work: _____	

IV. RECEIVING WATER INFORMATION

A. Does the storm water runoff from the construction site discharge to (check all that apply):

- Indirectly to Waters of the U.S.
- MS4 Facility - Enter owner's name: _____
- Directly to Waters of U.S. (e.g. , river, lake, creek, stream, or to a pipe/channel that flows without inflow from other sources between site and water body etc.)

V. IMPLEMENTATION OF NPDES PERMIT REQUIREMENTS

A. STORM WATER POLLUTION PREVENTION PLAN (SWPPP) (mark one) <input type="checkbox"/> A SWPPP has been prepared for this project and is available for review <input type="checkbox"/> A SWPPP will be prepared and ready for review by (date): ____/____/____	C. MONITORING PROGRAM (MP) (mark one) <input type="checkbox"/> A MP has been prepared for this facility and is available for review <input type="checkbox"/> A MP will be prepared and ready for review by (date): ____/____/____
B. Date WQMP approved by MS4 Permittee: ____/____/____ <input type="checkbox"/> Not Applicable.	

VI. CERTIFICATIONS

"I certify under penalty of law that this document and all attachments were prepared under my direction and 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 or imprisonment. In addition, I certify that Order No. R8-2010-0033; (specifically Sections XII.F., XIV, XVI, and XX), including the development and implementation of a Storm Water Pollution Prevention Plan and a Monitoring Program Plan, will be complied with."

Printed Name:	Title:
Signature:	Date:



CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD – SANTA ANA REGION
NOTICE OF TERMINATION



OF COVERAGE UNDER THE RIVERSIDE COUNTY MUNICIPAL STORMWATER PERMIT
 FOR STORMWATER DISCHARGES ASSOCIATED WITH CONSTRUCTION ACTIVITY
ORDER No. R8-2010-0033 (NPDES No. CAS618033)

I. WDID No. _____

II. OWNER

Name	Contact Person		
Mailing Address	Title		
City	State	Zip	Phone () - Fax () - Email:

III. SITE INFORMATION

A. Original Project Title	Site Address		
City/Un-incorporated Area	State CA	Zip	Site Contact Person Title
B. Contractor Name	Phone () - Fax () - Email:	Title	
Local Mailing Address	City	State	Zip
Qualified SWPPP Practitioner	Phone () - Fax () - Email:		

IV. BASIS OF TERMINATION

- ___ 1. The construction project is completed and the following conditions have been met.
- All elements of the Storm Water Pollution Prevention Plan have been completed.
 - Construction materials and waste have been disposed of properly.
 - The site is in compliance with all local storm water management requirements.
 - A post-construction storm water operation and management plan is in place (Attach a description of the post construction BMPs, the location (Latitude /Longitude), and a map of the locations of the post construction BMPs).
 - Date field verification inspection performed and include a copy of the field verification report: ___/___/___
- ___ 2. Construction activities have been suspended; either temporarily ___ or indefinitely ___ and the following conditions have been met.
- All elements of the Storm Water Pollution Prevention Plan have been completed.
 - Construction materials and waste have been disposed of properly.
 - The site is permanently stabilized (greater than 3 years without maintenance).
 - The site is in compliance with all local storm water management requirements.
- Date of suspension ___/___/___ Expected start up date ___/___/___

Comment [b1]: Boxes should be aligned

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V. CERTIFICATION

I certify under penalty of law that all storm water discharges associated with construction activity from the identified site that are authorized by NPDES General Permit No. CAS000002 have been eliminated or that I am no longer the owner of the site. I understand that by submitting this Notice of Termination, I am no longer authorized to discharge storm water associated with construction activity under the General Permit, and that discharging pollutants in storm water associated with construction activity to Waters of the United States is unlawful under the Clean Water Act where the discharge is not authorized by a NPDES permit. I also understand that the submittal of this Notice of Termination does not release an owner of liability for any violation of the General Permit or the Clean Water Act.

Printed Name: _____ **Title:** _____

Signature: _____ **Date:** _____