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: 
   _______________________________________________________________________
   _______________________________________________________________________

Attachment C
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: