Date						
California Regional Water Quality Contro Central Coast Region Attn: Monitoring and Reporting Review 895 Aerovista Place, Suite 101 San Luis Obispo, CA 93401						
Dear Mr. Harris:						
Facility Name:						
Address:						
Contact Person: Job Title: Phone Number:						
WDR/NPDES Order Number: WDID Number:						
Type of Report (circle one):	Monthly		Quarterly	Ser	ni-Annual	Annual
Month(s) (circle applicable months*):	JAN	FEB	MAR	APR	MAY	JUN
	JUL	AUG	SEP	OCT	NOV	DEC
	*Annual	Reports	(circle the first	st month o	f the reportir	ng period)
Year:						
Violation(s) (Place an X by the appropriate choice):	No	(there are	e no violation	s to report) .	Yes
If Yes is marked (complete a-g):						
a) Parameter(s) in Violation:						
b) Section(s) of WDR/NPDES Violated:						

d) WDR/NPDES Limit/Condition:	
e) Dates of Violation(s)	
eference page of report/data sheet):	
f) Explanation of Cause(s): (attach additional information as needed)	
g) Corrective Action(s): (attach additional information as needed)	
,	
of law that this document and all attact following a system designed to assure information submitted. Based on my those directly responsible for data gat knowledge and belief, true, accurate,	ions and Reporting Requirements, I certify under penalty hments were prepared under my direction or supervision that qualified personnel properly gather and evaluate the knowledge of the person(s) who manage the system, or hering, the information submitted is, to the best of my and complete. I am aware that there are significant n, including the possibility of fine and imprisonment.
If you have any questions or require provided above.	additional information, please contact me at the number
Sincerely,	