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NOTICE OF COMPLETION FORM FOR REGIONAL GENERAL PERMIT (RGP) 63 FOR REPAIR AND PROTECTION ACTIVITIES IN EMERGENCY SITUATIONS

Instructions for Notice of Completion Form

The Enrollee must provide the State Water Board and the applicable Regional Water Board copies of all correspondence and reports that are submitted to the Corps to satisfy the requirements of RGP 63. In addition, the Enrollee must file this notice of completion (NOC) form. **This information must be submitted to the State Water Board and appropriate Regional Water Quality Control Board within 45 calendar days of completion of any action conducted under RGP 63.**

Failure to submit a complete NOC within 45 calendar days of completion of any action conducted under this water quality certification may result in the imposition of administrative and/or civil liability pursuant to Water Code section 13385.

Notice of Completion Form and Document Submittal Information

Electronic Submittal:

- Locate the email addresses of the “**State Program Manager**” and the appropriate “**Region Program Manager**” from the website:
http://www.waterboards.ca.gov/water_issues/programs/cwa401/docs/staffdirectory.pdf
- Address email to the state program manager and appropriate region program manager and include in the subject line: (Attention - RGP 63 Notice of Completion)

Hardcopy Submittal Addresses:

ATTN: Program Manager
CWA Section 401 WQC Program
Division of Water Quality
State Water Resources Control Board
1001 “I” St. 15th Floor
Sacramento, CA 95814

ATTN: Program Manager
CWA Section 401 WQC Program
Insert mailing address of appropriate Regional Water Board, obtained from the staff directory linked above.

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PROPERTY OWNER		
Name:	Phone Number:	
Mailing Address:		
City:	State:	ZIP Code:
Contact Person:	E-Mail:	
BILLING ADDRESS		
Name:	Phone Number:	
Mailing Address:		
City:	State:	ZIP Code:
Contact Person:	E-Mail:	
ENROLLEE (If different from owner)		
Name:	Phone Number:	
Mailing Address:		
City:	State:	ZIP Code:
Contact Person:	E-Mail:	
PROJECT SITE LOCATION		
Project Name or Title:		
Street (include address, if any):		
Nearest Cross Street(s):		
County:	Total size of project site (acres):	
Photos Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Latitude/Longitude (Center of Discharge Area) in degrees/minutes/seconds (DMS) to the nearest ½ second OR decimal degrees (DD) to four decimals (0.0001 degree)		
DMS:	N. Latitude	Deg. _____ Min. _____ Sec. _____
	W. Longitude	Deg. _____ Min. _____ Sec. _____
DD:	N. Latitude	_____
	W. Longitude	_____
Attach a map of at least 1:24000 (1" = 2000') detail of the impact site(s).		

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Indicate the map format used (listed in order of preference):

- GIS shapefiles.** The shapefiles must depict the boundaries of all project areas and extent of aquatic resources impacted. Each shape should be attributed with the aquatic resource type. Features and boundaries should be accurate to within 33 feet (10 meters). Identify datum/projection used and if possible, provide map with a North American Datum of 1983 (NAD38) in the California Teale Albers projection.
- Google KML files** saved from Google Maps: My Maps (free) or Google Earth Pro (not free). Maps must show the boundaries of all project areas and extent/type of aquatic resources impacted.*
- Aquatic resource maps marked on paper USGS 7.5 minute **topographic maps** or DOQQ printouts. Maps must show the boundaries of all project areas and extent/type of aquatic resources impacted.

*** If using Google Maps: My Maps or similar, provide URL(s) of maps.**

DISCHARGE INFORMATION

Project Start Date:

Project Completion Date:

Names of Receiving Water(s):

Receiving Water Types:

- Lake/Reservoir
- Ocean/Estuary/Bay
- River/Streambed

- Riparian Area
- Vernal Pool
- Wetland

Regulatory Agencies with Jurisdiction Over Project and Associated Permits/Agreements:

Emergency Project Description: (e.g. discharge of riprap; discharge of fill; excavation for a utility line)

Purpose of the Entire Project Activity: (e.g. stream-bank erosion control; maintain, repair, or restore damaged property)

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Erosion and Sediment Control Measures Implemented:
Pollution Prevention Measures Implemented:

Fill and Excavation Discharges: For each aquatic resource type listed below indicate in acres, cubic yards, and linear feet the actual discharge to waters of the state, and identify the impact(s) as permanent and/or temporary.						
Aquatic Resource Type	Temporary Impact			Permanent Impact		
	<i>Acres</i>	<i>Cubic Yards</i>	<i>Linear Feet</i>	<i>Acres</i>	<i>Cubic Yards</i>	<i>Linear Feet</i>
Lake/Reservoir						
Ocean/Estuary/Bay						
Riparian Zone						
Stream Channel						
Vernal Pool						
Wetland						

COMPENSATORY MITIGATION	
Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Photos Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Compensatory Mitigation Description (include aquatic resource type and acres and linear feet):	
MITIGATION SITE LOCATION	
Street (include address, if any):	
Nearest Cross Street(s):	
County:	
Latitude/Longitude (Center of Mitigation Area) in degrees/minutes/seconds (DMS) to the nearest ½ second OR decimal degrees (DD) to four decimals (0.0001 degree)	
DMS: N. Latitude	Deg. _____ Min. _____ Sec. _____
W. Longitude	Deg. _____ Min. _____ Sec. _____
DD: N. Latitude	_____
W. Longitude	_____

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Attach a map of at least 1:24000 (1" = 2000') detail of the mitigation site.

Indicate the map format used (listed in order of preference):

- GIS shapefiles.** The shapefiles must depict the boundaries of all project(s) and extent of aquatic resources. Each shape should be attributed with the aquatic resource type. Features and boundaries should be accurate to within 33 feet (10 meters). Identify datum/projection used and if possible, provide map with a North American Datum of 1983 (NAD38) in the California Teale Albers projection.
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CERTIFICATION	
<p>"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 and imprisonment. In addition, I certify that the provisions of this Certification and Corps Regional General Permit No. 63 will be complied with."</p>	
Signature of Discharger	Title
Printed or Typed Name	Date