

ATTACHMENT C– FIREWORKS DISPLAY REPORT FORM

This Fireworks Display Report shall be completed no later than 14 calendar days following each fireworks display. The Discharger may attach additional information as necessary. Fireworks Display Reports shall be made available to the Regional Water Board upon request and shall be submitted with self-monitoring reports in accordance with Provision 6.5.3 of the Order.

1. EVENT INFORMATION

| | | | |
|---------------------------|--|-------------------------|--|
| Discharger Name: | | | |
| Event Name: | | | |
| Contact Person Name: | | | |
| Phone Number: | | Email Address: | |
| Event Location Address: | | | |
| Latitude: | | Longitude: | |
| Receiving Water Name: | | | |
| Event Date: | | | |
| Event Start Time (hh:mm): | | Event End Time (hh:mm): | |

2. FIRING RANGE MAP

Attach an aerial or satellite map identifying the firing range, fireworks fallout area, affected receiving water(s), and adjacent shorelines, barges, docks, piers, quays, and any other relevant features or landmarks.

3. PYROTECHNIC OPERATORS

| NAME | LICENSE NUMBER | LICENSE ISSUE DATE | LICENSE EXPIRATION DATE |
|------|----------------|--------------------|-------------------------|
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4. FIREWORKS INFORMATION

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|--|---|-----------------------------------|--|
| Number of Aerial Fireworks Used: | | Maximum Shell Size Used (inches): | |
| Number of Low Level Fireworks Used: | | Type (check all that apply): | <input type="checkbox"/> Mines <input type="checkbox"/> Romans <input type="checkbox"/> Comets <input type="checkbox"/> Cakes |
| Number of Set Piece Fireworks: | | Type (check all that apply): | <input type="checkbox"/> Sets <input type="checkbox"/> Devices |
| Gross Explosive Weight : Estimate the total weight of fireworks material subject to dispersal located at the fireworks launch area immediately before conducting the fireworks display. This may include weight of fuses, cardboard or paper casings [i.e., shell], and next explosive weight, but exclude other materials such as mortar tubes or racks). | | | |
| Gross Explosive Weight (lbs): | | | |
| Net Explosive Weight (lbs) (see definition in Attachment A) | | | |
| Were alternative fireworks used? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Were the entire firing range (including the fireworks launching area and adjacent shorelines, quays, docks, and fireworks fallout area), barges (if used), and adjacent surface waters inspected and cleaned of particulate matter and debris from ignited and un-ignited pyrotechnic material within 24 hours following the display? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, explain): | | | |
| Were there unexpected conditions (e.g., adverse weather) that delayed post-firework display cleanup operations? | | | |
| <input type="checkbox"/> Yes (if Yes, explain): <input type="checkbox"/> No | | | |

| | | | | | |
|--|--|-----------------------------|---------------------------------|--------------------------|--|
| Cleanup Date (mm/dd/yyyy): | | Cleanup Start Time (hh:mm): | | Cleanup End Time (hh:mm) | |
| Firework-Related Waste Collection | | | | | |
| Firework-related waste collected from receiving water (lbs, wet weight): | | | Dry Weight, if any (lbs): | | |
| Firework-related waste collected from barge decks | | - | Dry Weight (lbs): | | |
| Firework-related waste collected from adjacent land and/or piers | | - | Dry weight (lbs): | | |
| Total Weight (lbs, wet weight): | | | Total Weight (lbs, dry weight): | | |
| Non-Firework-Related Waste Collection (e.g., pre-existing trash) | | | | | |
| Non-firework-related waste collected from receiving water (lbs, wet weight): | | | Dry Weight, if any (lbs): | | |
| Non-firework-related waste collected from barge decks | | - | Dry weight (lbs): | | |
| Non-firework-related waste collected from adjacent land and/or piers | | - | Dry weight (lbs): | | |
| Total Weight (lbs, wet weight): | | | Total Weight (lbs, dry weight): | | |

5. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or 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 for knowing violations.

| | | | |
|------------------|--|---------------|--|
| Signature: | | Date: | |
| Printed Name: | | Title: | |
| Discharger Name: | | | |
| Mailing Address: | | | |
| Email Address: | | Phone Number: | |