

**STATE WATER RESOURCES CONTROL
BOARD OFFICE OF ENFORCEMENT
FACILITY REFERRAL FORM**

Section 1 Applicant Information

Applicant Name _____ Date _____
Applicant Telephone Number _____ Email _____
Agency _____

I _____ have referred compliance and enforcement matters regarding the _____ facility to the State Water Resources Control Board Office of Enforcement and have disclosed facility documents including:

- Inspection reports
- Records of correspondence
- Test Results
- Designated Operator reports
- Permits

Section 2 Facility Information

Facility Name _____
Facility Address _____
CERS ID Number _____ (if none, proceed to Section 3)
Geotracker ID _____ (if none, proceed to Section 3)

Section 3 Facility Information

Facility Type _____
Owner Name _____ Phone _____
Owner Address _____
Owner email _____

USTs			
Tank ID _____	Volume _____	Contents _____	_____
Tank ID _____	Volume _____	Contents _____	_____
Tank ID _____	Volume _____	Contents _____	_____
Tank ID _____	Volume _____	Contents _____	_____

Cleanup History

Cleanup Funding Use

Basis for Referral to State Water Board