SANITARY SEWER SYSTEMS GENERAL ORDER

ORDER 2022-0103-DWQ

GUIDANCE FOR CERTIFYING CONTINUATION OF EXISTING REGULATORY COVERAGE FORM IN CIWQS



Last Revised: April 7, 2023

Continuation of Existing Regulatory Coverage Certification Guidance Document

To continue regulatory coverage from existing 2006 Sanitary Sewer Systems General Order to the reissued Order 2022-0103-DWQ, the Legally Responsible Official of an existing Enrollee shall electronically certify the Continuation of Existing Regulatory Coverage form in the California Integrated Water Quality System (CIWQS) Sanitary Sewer Systems Database (Section 2.1 of the General Order). The certification must be completed before the reissued General Order Effective Date of June 5, 2023. An existing Enrollee of Order 2006-0003-DWQ that fails to certify the Continuation of Existing Regulatory Coverage form in the online CIWQS database before the Effective Date of June 5, 2023, will not have regulatory coverage under the General Order and must submit a new applicant package in accordance with Section 2.X of the General Order.

Steps to certify continuation of existing regulatory coverage, the Legally Responsible Official of an existing Enrollee under Order 2006-0003-DWQ:

1. Must log into the CIWQS website:

https://ciwqs.waterboards.ca.gov/

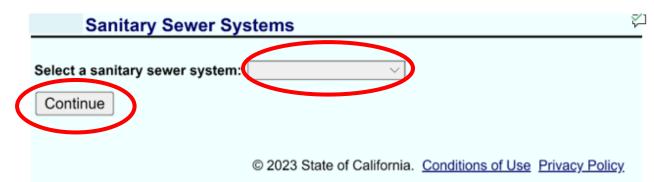
2. Enter the "User ID" and "Password", then click on the "Login" button.

California Integrated Water Quality System (CIWQS)
User ID: Password: Login User Registration SMARTS URL Forgot your password? <u>Reset your password here</u> Forgot your User ID? <u>Get your User ID here</u>	
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3. Click on the "Sanitary Sewer Systems" link.

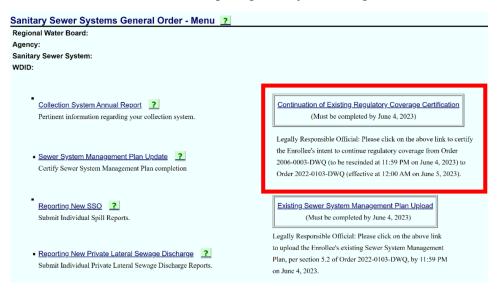


4. From the dropdown menu, select the sanitary sewer system to certify continuation of coverage, then click on the "Continue" button.



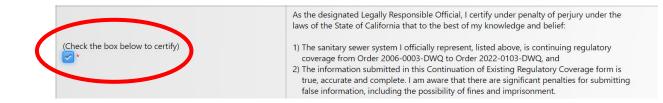
NOTE: The above screen pertains to Legally Responsible Officials that are responsible for more than one system. Certification for each enrolled system must be performed separately for each system.

5. Click on the "Continuation of Existing Regulatory Coverage Certification" link.



6. On the "Continuation of Existing Regulatory Coverage Certification" form, check the certification box to certify the continuation of coverage under penalty of perjury.

jional Board:	Region 4 - Los Angele	s			
ency:	Baldwin Park City				
itary Sewer System:	Baldwin Park City CS				
ID:	4SSO10366				
Name:	SSS Multiple				
Title:	Legally Responsil	ole Official			
Email:	sss@tester.gov				
(Check the box below to certify)	Iaws of the State of California that to the best of my knowledge and belief: I) The sanitary sever system 1 officially represent, listed above, is continuing regulatory Sanitary Sever Systems General Order 2022-010 1) The information submitted in this Continuation of Existing Regulatory Coverage form is The information submitted in this Continuation of Existing Regulatory Coverage form is Sanitary Sever Systems General Order 2022-010 1) The information submitted in this Continuation of Existing Regulatory Coverage form is The information submitted in this Continuation of Existing Regulatory Coverage form is				
In what city did you meet your spouse/significant other? ?		•			
Please enter your password:		*			
Manage Active Data Subr	nitter Accounts Vi	ew / Update Information			
Data Submitter Name(s)	CWIQS User ID	Email Address	Phone Number	Agency	Sanitary Sewer System Name
Bernardo Iniquez	biniquez	biniquez@bellflower.org			Bellflower City CS



7. Answer the security question and enter the Legally Responsible Official's User ID password used to log into CIWQS.

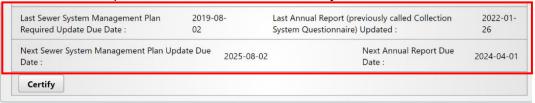
In what city did you meet your spouse/significant other?	*
Please enter your password:	*

8. Verify that the Data Submitter information automatically populated is correct.

onal Board:					
cy:					
ary Sewer System: :					
Name:				1	
Title:	Legally Responsible C	fficial			
Email:					
(Check the box below to certify)	laws of the State of C 1) The sanitary sewer coverage from Ord 2) The information su true, accurate and	paily Responsible Official, I certify under alifornia that to the best of my knowler system I officially represent, listed abore r 2006-0003-0WQ to Order 2022-010 bmitted in this Continuation of Existing oncluding the possibility of fines and im	dge and belief: ve, is continuing regulatory I3-DWQ, and Regulatory Coverage form is nificant penalties for submitting		Sanitary Sewer Systems General Order 2022-0103 DWQ
in what city did you meet your spouse/significant other? 2		•			
Please enter your password:		•			
Manaoe Active Data Submit	tter Accounts View /	Update Information			
Data Submitter	CWIQS User ID	Email Address	Phone Number	Agency	Sanitary Sewer System Name

NOTE: To manage active data submitter accounts and/or to view/update information, proceed to steps on page 6 of this document. If no modifications are necessary, proceed to step 9.

9. Before clicking on the "Certify" button to certify the continuation of coverage, take notice of the four important dates above the "Certify" button.



NOTE: At the form, the following dates are listed:

- "Last Sewer System Management Plan Required Update Due Date",
- "Next Sewer System Management Plan Update Due Date",
- "Last Annual Report (previously called Collection System Questionnaire) Updated", and
- "Next Annual Report Due Date" as well as their respective due dates.

10. Click on the "Certify" button.

Last Sewer System Management Plan Required Update Due Date :	2019-08- 02	Last Annual Report (previously called Collection System Questionnaire) Updated :	2022-01- 26
Next Sewer System Management Plan Up Date :	odate Due 2025-08-02	Next Annual Report Due Date :	2024-04-01
Certify			

11. After clicking on the "Certify" button, the following "Continuation of Existing Regulatory Coverage Approved" message will appear. Click on "Close" to exit the form.

	Phone Number	
	Continuation of Existing Regulatory Coverage Approved	
onnaire	Thank you for completing the Continuation of Existing Regulatory Coverage form. An automated Notice of Applicability email, confirming continuation of regulatory coverage under the statewide Sanitary Sewer Systems General Order 2022-0103-DWQ has been sent to your email address on file. If you do not receive a confirmation email, please contact the State Water Board staff at SanitarySewer@waterboards.ca.gov.	
	Close	

12. On the "Sanitary Sewer Systems General Order – Menu" page, the "Continuation of Existing Regulatory Coverage" link will be replaced with an information box that displays the name of the Legally Responsible Official that certified the continuation of coverage, and the date and time of the certification.

Sanitary Sewer Systems General Order - Menu ? Regional Water Board: Agency: Sanitary Sewer System:	
WDID:	
Collection System Annual Report Pertinent information regarding your collection system.	2023-04-06 08:26:10: Official certified that is continuing regulatory coverage from General Order 2006-0003-DWQ to General Order 2022-0103-DWQ.
Sewer System Management Plan Update Certify Sewer System Management Plan completion	
Reporting New SSO ? Submit Individual Spill Reports.	Existing Sewer System Management Plan Upload (Must be completed by June 4, 2023)
Reporting New Private Lateral Sewage Discharge Submit Individual Private Lateral Sewage Discharge Reports.	Legally Responsible Official: Please click on the above link to upload the Enrollee's existing Sewer System Management Plan, per section 5.2 of Order 2022-0103-DWQ, by 11:59 PM on June 4, 2023.

Managing Active Data Submitter Accounts

a. On the "Continuation of Existing Regulatory Coverage Certification" form, click on the "Manage Active Data Submitter Accounts" link.

onal Board:					
icy:					
ary Sewer System:):					
Name:					
Title:	Legally Responsible Offi	tial			
Email:					
(Check the box below to certify)	 Iaws of the State of Calif The sanitary sewer syscoverage from Order The information subm true, accurate and contract of the second second	y Responsible Official, I certify und ornia that to the best of my knowle tem I officially represent, listed abo 2006-0030-DWQ to Order 2022-01 iitted in this Continuation of Existin polete. I am aware that there are si uding the possibility of fines and in	edge and belief: ove, is continuing regulatory 03-DWQ, and 1g Regulatory Coverage form is gnificant penalties for submitting		Sanilary Sewer Systems General Order 2022-0103 DWQ
In what city did you meet your spouse/significant other? 2		*			
Please enter your password:					
Manage Active Data Submit	ter Accounts View / Up	date Information			
Data Submitter	CWIQS User ID	Email Address	Phone Number	Agency	Sanitary Sewer System Name
Name(s)					

b. To remove an inactive Data Submitter account, click on the "Deactivate" link.

Manage Active Data Sub	mitter Accounts:					
Name	Email	Work Phone	Organization	Facility	User ID	
_						Deactivate

NOTE: To add a data submitter please contact CIWQS help desk at the following email:

ciwqs@waterboards.ca.gov

Viewing / Updating Personal Account Information

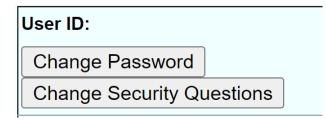
c. On the "Continuation of Existing Regulatory Coverage Certification Form", click on the "View / Update Information" link to update the Legally Responsible Official personal information.

onal Board:					
cy:					
ary Sewer System:					
):					
	1				
Name:					
Title:	Legally Responsible	Official			
Email:					
(Check the box below to certify)	laws of the State of (1) The sanitary sewe coverage from Or 2) The information s true, accurate and	egally Responsible Official, I certify und California that to the best of my knowle r system I officially represent, listed ab- der 2006-0003-DWQ to Order 2022-01 ubmitted in this Continuation of Existin complete. I am aware that there are si including the possibility of fines and ir	edge and belief: ove, is continuing regulatory 103-DWQ, and 1g Regulatory Coverage form is gnificant penalties for submitting		Sanitary Sewer Systems General Order 2022-0103 DWQ
In what city did you meet your spouse/significant other? <u>?</u>		*			
Please enter your password:		*			
Manage Active Data Submit	ter Accounts View	/ Update Information			
Data Submitter	CWIQS User ID	Email Address	Phone Number	Agency	Sanitary Sewer System Name

NOTE: The "View / Update Information" page contains various details as depicted in the images below.

Jser ID:			
Change Password			
Change Security Questions			
My Name:			
Prefix:			
First Name:			
Middle Name:			
Last Name:			
Suffix:			
Title:			
My Address:			
Street Number:			
Street Direction:	~		
Street Name:			
Street Type:	~		
Suite/Apt/Mail Stop:			
City:			
State:	×		
Zip Code:			
My Phone Number:			
My Fax Number:			
My Email Address:			
Task Email Upcoming Due Days Limit:	* If field is left empty the Unservice	g Due Days will use the default value of 7.	
and Enter spectrug are adje and	To Disable save field as 0.	g Due Days will use the belaux value of 7.	
Task Email Past Due Days Limit:	* If field is left empty the Past Due To Disable save field as 0.	e Days will use the default value of 7.	
My Related Parties (Organizations and People):			
Name	Туре		How Related
	Organization	Legally Responsible Official	
My Related Facilities: Name		Iress	How Related
Name	Add	ness	Is Onsite Manager For
			Is Onsite Manager For
			Is Onsite Manager For
			Is Onsite Manager For
Request Additional Facility			Is Onsite Mar
Request Other Changes			
Save Changes			

d. Update CIWQS Sanitary Sewer Systems "User ID" passwords or security questions.



NOTE: Contact CIWQS Help Desk at the following email, if there are issues updating the passwords or security questions: <u>ciwqs@waterboards.ca.gov</u>.

e. Update any necessary name changes.

M	y Name:
	Prefix:
	First Name:
	Middle Name:
	Last Name:
	Suffix:
	Title:

f. Update any necessary address changes.

My Address:	
Street Number:	
Street Direction:	~
Street Name:	
Street Type:	×
Suite/Apt/Mail Stop:	
City:	
State:	~
Zip Code:	

g. Update any necessary contact information changes.

My Phone Number:	
My Fax Number:	
My Email Address:	

h. Update any necessary task email due days limit.

Task Email Upcoming Due Days Limit:	* If field is left empty the Upcoming Due Days will use the default value of 7. To Disable save field as 0.
Task Email Past Due Days Limit:	* If field is left empty the Past Due Days will use the default value of 7. To Disable save field as 0.

i. Update other various changes by clicking on "Request Additional Facility" or "Request Other Changes" tabs.

Name	Туре		How Related
	Organization	Legally Responsible Official	
ated Facilities:			
Name	Ado	dress	How Related
			Is Onsite Manager For
			Is Onsite Manager For
			Is Onsite Manager For
			Is Onsite Manager For

j. Once the Legally Responsible Official has updated the necessary information, click on "Save Changes".

Name	Typ	pe	How Related
	Organization	Legally Responsible Officia	1
Related Facilities:			
Name		Address	How Related
			Is Onsite Manager For
			Is Onsite Manager For
			Is Onsite Manager For
			Is Onsite Manager For
Request Additional Facility Request Other Changes Save Changes			

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k. Once the "Save Changes" button is clicked, a new window opens. Click on "<u>here</u>" to return to the main menu and access the "Continuation of Existing Regulatory Coverage Certification Form".

You have successfully changed your personal information.		
Click <u>here</u> to view your updated personal information.	Click <u>here</u> to view the menu.	