

## 2012 Integrated Report Data Submittal Information Form

<b>Contact Information</b>			
<b>First Name:</b>	Shokoufe	<b>Last Name:</b>	Marashi
<b>Organization:</b>	City of Los Angeles, Bureau of Sanitation, Watershed Protection Division		
<b>Mailing Address:</b>	1149 South Broadway, Los Angeles, CA 90015		
<b>Email:</b>	Shokoufe.Marashi@lacity.org		<b>Preferred Contact Method:</b>
<b>Phone:</b>	(213) 485-3937		<input checked="" type="checkbox"/> Email <input checked="" type="checkbox"/> Phone

<b>Submission Information</b>			
<b>Submittal Date:</b>	8/15/2010		
<b>Region data intended for:</b> (Check all that apply.)	<input type="checkbox"/> (1) North Coast	<input type="checkbox"/> (2) San Francisco	<input type="checkbox"/> (3) Central Coast
	<input checked="" type="checkbox"/> (4) Los Angeles	<input type="checkbox"/> (5) Central Valley	<input type="checkbox"/> (6) Lahontan
	<input type="checkbox"/> (7) Colorado River	<input type="checkbox"/> (8) Santa Ana	<input type="checkbox"/> (9) San Diego
<b>GIS map layers included:</b>	<input type="checkbox"/> Yes		
<b>Pollutant Categories:</b>	<input type="checkbox"/> Hydromodification	<input type="checkbox"/> Other Organics	<input type="checkbox"/> Toxicity
	<input type="checkbox"/> Metals/Metalloids	<input type="checkbox"/> Pathogens	<input type="checkbox"/> Trash
	<input type="checkbox"/> Nuisance	<input type="checkbox"/> Pesticides	<input type="checkbox"/> Miscellaneous
	<input checked="" type="checkbox"/> Nutrients	<input type="checkbox"/> Salinity	
	<input type="checkbox"/> Other Inorganics	<input type="checkbox"/> Sediment	
<b>Time Period Data Collected:</b>	1/1/2009 – 10/1/2009		
<b>Summary of Data:</b>			
<p>The attached spreadsheet includes ammonia data for Sepulveda Canyon.</p> <p>The available data do not suggest an impairment of Sepulveda Canyon due to ammonia concentrations. We request that this waterbody-pollutant combination be removed from the 303 (d) list.</p>			
<b>Document format:</b>	<input checked="" type="checkbox"/> Electronic <input type="checkbox"/> Hard Copy/Paper		

<b>Internal Use Only</b>			
<b>Reviewer:</b>	First Last	<b>Date Reviewed:</b>	1/1/2001
<b>Status:</b>	<input type="checkbox"/> Returned <input type="checkbox"/> Flagged <input type="checkbox"/> Forwarded		
<b>Comments:</b>	Enter status comment here.		
<b>Reviewer:</b>	First Last	<b>Date Reviewed:</b>	1/1/2001
<b>Status:</b>	<input type="checkbox"/> Returned <input type="checkbox"/> Flagged <input type="checkbox"/> Forwarded		
<b>Comments:</b>	Enter status comment here.		
<b>Control #:</b>	Enter number	<b>Date Received:</b>	1/1/2001
<b>Reference #:</b>	ref#### (use semicolons to separate additional reference numbers)	<b>QC Complete:</b>	<input type="checkbox"/> Yes