

2012 Integrated Report Data Submittal Information Form

Contact Information			
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Organization:	City of Los Angeles, Bureau of Sanitation, Watershed Protection Division		
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Submission Information			
Submittal Date:	8/15/2010		
Region data intended for: (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
GIS map layers included:	<input type="checkbox"/> Yes		
Pollutant Categories:	<input type="checkbox"/> Hydromodification	<input type="checkbox"/> Other Organics	<input type="checkbox"/> Toxicity
	<input checked="" 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 type="checkbox"/> Nutrients	<input type="checkbox"/> Salinity	
	<input type="checkbox"/> Other Inorganics	<input type="checkbox"/> Sediment	
Time Period Data Collected:	11/1/2004 – 4/1/2010		
Summary of Data:			
<p>The attached spreadsheets include:</p> <ul style="list-style-type: none"> -Dissolved copper data for Wilmington Drain -Dissolved lead data for Wilmington Drain <p>The available data do not suggest an impairment of Wilmington Drain due to copper and lead concentrations. We request that the pollutant-waterbody combinations be removed from the 303 (d) list.</p>			
Document format:	<input checked="" type="checkbox"/> Electronic <input type="checkbox"/> Hard Copy/Paper		

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