

Notice of Completion Form

Instructions for Notice of Completion Form

Enrollees must submit this Notice of Completion (NOC) form to the appropriate Regional Water Board within 45 calendar days of completion of any action conducted under the Order.

Step 1: Complete NOC Form (below).

Step 2: Submit completed NOC form, along with the **Report and Notification Cover Sheet** found in Attachment B of this Order via email to the Water Board staff assigned to your Project (noted on the NOA issued for the Project). Include in the subject line of the email "ATTN: [staff name], Regional General Permit 8, and Reg Measure ID 452974 Notice of Completion Report."

ENROLLEE (LEGALLY RESPONSIBLE PERSON)	
Name:	
Phone Number:	
Mailing Address:	
City:	
State:	
ZIP Code:	
Contact Person:	
Email:	

PROJECT SITE LOCATION	
Project Name or Title:	
Street (include address, if any):	
Nearest Cross Streets:	
County:	
Total size of project site (acres):	
Photos Attached? (Yes/No)	
Attach a map of at least 1:24000 (1" = 2000') detail of the impact site(s).	
Latitude/Longitude (Center of Discharge Area) in degrees/minutes/seconds (DMS) to the nearest ½ second OR decimal degrees (DD) to four decimals (0.0001 degree)	
Latitude:	
Longitude:	

Fill and Excavation Discharges:

For each aquatic resource type listed below indicate in acres, cubic yards, and linear feet the discharges to waters of the state.

Temporary Fill/Excavation Impacts

Lake/Reservoir

Acres	
Cubic Yards	
Linear Feet	

Stream Channel

Acres	
Cubic Yards	
Linear Feet	

Ocean/Bay/Estuary

Acres	
Cubic Yards	
Linear Feet	

Vernal Pool

Acres	
Cubic Yards	
Linear Feet	

Riparian Zone

Acres	
Cubic Yards	
Linear Feet	

Wetland

Acres	
Cubic Yards	
Linear Feet	

Permanent Fill/Excavation Impacts

Lake/Reservoir

Acres	
Cubic Yards	
Linear Feet	

Stream Channel

Acres	
Cubic Yards	
Linear Feet	

Ocean/Bay/Estuary

Acres	
Cubic Yards	
Linear Feet	

Vernal Pool

Acres	
Cubic Yards	
Linear Feet	

Riparian Zone

Acres	
Cubic Yards	
Linear Feet	

Wetland

Acres	
Cubic Yards	
Linear Feet	

COMPENSATORY MITIGATION	
Required? (Yes/No):	
Mitigation Method (i.e., mitigation bank, in-lieu fee, or permittee responsible):	
Photos Attached? (Yes/No):	
Compensatory Mitigation Description (include aquatic resource type, acres, and linear feet, contact information for mitigation bank or in-lieu fee program, and proof of purchase (e.g., bill of sale) or transfer of credits, if applicable):	

MITIGATION SITE LOCATION

Street (include address, if any):	
Nearest Cross Street(s):	
County:	

Attach a map of at least 1:24000 (1"= 2000') detail of the impact site(s).
Indicate the map format used (listed in order of preference):
<input type="checkbox"/> GIS shapefiles. The shapefiles must depict the boundaries of all project areas and extent of aquatic resources impacted. Each shape should be attributed with the aquatic resource type. Features and boundaries should be accurate to within 33 feet (10 meters). Identify datum/projection used and if possible, provide map with a North American Datum of 1983 (NAD38) in the California Teale Albers projection. <input type="checkbox"/> Google KML files saved from Google Maps: My Maps (free) or Google Earth Pro (not free). Maps must show the boundaries of all project areas and extent/type of aquatic resources impacted.*

SIGNATORY

Signature of Enrollee / Legally Responsible Person:

Title: _____

Printed Name: _____

Date: _____