# Attachment E 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 the project 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 5, and Reg Measure ID 456295 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	

# Ocean/Bay/Estuary

Acres	
Cubic Yards	
Linear Feet	

### **Riparian Zone**

Acres	
Cubic Yards	
Linear Feet	

## Stream Channel

Acres	
Cubic Yards	
Linear Feet	

#### Vernal Pool

Acres	
Cubic Yards	
Linear Feet	

#### Wetland

Acres	
Cubic Yards	
Linear Feet	

# **Permanent Fill/Excavation Impacts**

# Lake/Reservoir

Acres	
Cubic Yards	
Linear Feet	

### Ocean/Bay/Estuary

Acres	
Cubic Yards	
Linear Feet	

## **Riparian Zone**

Acres	
Cubic Yards	
Linear Feet	

# Stream Channel

Acres	
Cubic Yards	
Linear Feet	

# Vernal Pool

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):
<ul> <li>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.</li> <li>Google KML files saved from Google Maps: My Maps (free) or Google Earth</li> </ul>
Pro (not free). Maps must show the boundaries of all project areas and extent/type of aquatic resources impacted.*

Aquatic resource maps marked on paper USGS 7.5 minute **topographic maps** or DOQQ printouts. Maps must show the boundaries of all project areas and extent/type of aquatic resources impacted.

\* If using Google Maps: My Maps or similar, provide URL(s) of maps.

Latitude/Longitude (Center of Discharge Area) in degrees/minutes/seconds (DMS) to the nearest  $\frac{1}{2}$  second OR decimal degrees (DD) to four decimals (0.0001 degree)

Latitude:

Longitude:

# POST-CONSTRUCTION STORMWATER BMPS

Date of Construction Stormwater General Permit Notice of Termination(s), if any:

Status and functionality of all post-construction BMPs, including photographs:

Signature of Enrollee / Legally Responsible Person:	
Title:	
Printed Name:	
Date:	