# Attachment E Notice of Completion Form

Attachment E

Reg. Meas.ID: 452749

#### **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 63, and Reg Measure ID 452749 Notice of Completion Report."

**ENROLLEE (LEGALLY RESPONSIBLE PERSON)** 

Name:		
Phone Number:		
Mailing Address:		
City:		
State:		
ZIP Code:		
Contact Person:		
Email:		
	PROJI	ECT SITE LOCATION
Project Name or Tit	le:	
Street (include addr	ess, if any):	
Nearest Cross Stree	ets:	
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).
	•	narge Area) in degrees/minutes/seconds (DMS) to 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.

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## **Temporary Fill/Excavation Impacts**

Lake/Reservoir	Stream Channel
Acres	Acres
Cubic Yards	Cubic Yards
Linear Feet	Linear Feet
Ocean/Bay/Estuary	Vernal Pool
Acres	Acres
Cubic Yards	Cubic Yards
Linear Feet	Linear Feet
Riparian Zone	Wetland
Acres	Acres
Cubic Yards	Cubic Yards
Linear Feet	Linear Feet

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# **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):	
Williagation Wiethod (i.e., miliagation bank, in fied fee, of 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):	
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.	
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.*	

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Regional General Permit 63 Attachment E **Emergency Repair and Protection Activities** Reg. Meas.ID: 452749 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 ½ 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:

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

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