

**Order No. R1-2015-0023
REPORTING FORM**

A. Site WDID: 1B16151CHUM

B. Subwatershed (HUC-12)²: 180101070205

C. Enrollment date: 2/18/2016

D. Reporting date: 8/03/2016

E. Please check the box corresponding to the enrolled site's current tier (Tier 3 sites with cultivation must also check Tier 2).

Tier 1 Tier 2 Tier 3

Has the site's tier status changed since the last reporting period? Y / N

If YES, briefly explain: _____

F. Check all fields that apply to the enrolled site:

i. Tier 1 sites:

(see Order at page 6 for details on Tier 1 characteristics)

- Average slope of each individual cultivation area is no more than 35% slope.
- Total cultivation area is no more than 5,000 square feet.
- No cultivation areas or associated facilities are located within 200 feet of a surface water. (Surface waters include wetlands and Class I, II, and III watercourses.)
- No surface water diversion from May 15 through October 31.
- The site is in compliance with all Standard Conditions under Order R1-2015-0023, section I.A.

ii. Tier 2 sites:

a. A Water Resource Protection Plan has been developed and is being implemented?
Y / N

If NO, expected date when plan will be ready and implementation will begin:
Summer/Fall 2016

If YES, have there been changes to the implementation schedule since the prior year of reporting? Y / N

² 12-digit HUC-12 subwatershed codes are available online at http://iaspub.epa.gov/apex/grts/f?p=110:95:::NO::APP_SHOW_HIDE:

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ii. Tier 2 sites continued:

b. Check below as to whether or not the site meets Standard Conditions under Order R1-2015-0023, section I.A. If a standard condition is not yet met, please indicate the expected date of compliance as identified in the Water Resource Protection Plan. Upon initial enrollment, provide an estimated expected date of compliance.

<u>Standard Condition Met</u>	<u>If NO, expected date of compliance</u>
1. Site maintenance, erosion control, and drainage features Y <input type="checkbox"/> / N <input checked="" type="checkbox"/>	2018/2019
2. Stream crossing maintenance Y <input type="checkbox"/> / N <input checked="" type="checkbox"/>	2018/2019
3. Riparian and wetland protection and management Y <input checked="" type="checkbox"/> / N <input type="checkbox"/>	_____
4. Spoils management Y <input checked="" type="checkbox"/> / N <input type="checkbox"/>	_____
5. Water storage and use Y <input type="checkbox"/> / N <input checked="" type="checkbox"/>	2017/2018
6. Irrigation runoff Y <input checked="" type="checkbox"/> / N <input type="checkbox"/>	_____
7. Fertilizers and soil amendments Y <input checked="" type="checkbox"/> / N <input type="checkbox"/>	_____
8. Pesticides and herbicides Y <input checked="" type="checkbox"/> / N <input type="checkbox"/>	_____
9. Petroleum products and other chemicals Y <input type="checkbox"/> / N <input checked="" type="checkbox"/>	2016/2017
10. Cultivation-related wastes Y <input checked="" type="checkbox"/> / N <input type="checkbox"/>	_____
11. Refuse and human waste Y <input type="checkbox"/> / N <input checked="" type="checkbox"/>	2017

c. All management measures are being implemented as part of the Water Resource Protection Plan? Y / N

If YES, do management measures appear to be effective in preventing and minimizing discharges of waste to surface water? Y / N

If management measures do not appear to be effective, are additional measures being implemented iteratively to prevent and minimize discharges of waste to surface water? Y / N

If NO, describe management measures or practices that have not been effective in preventing and minimizing discharges of waste to surface water, if applicable. Describe plans for new or additional management measures to prevent and minimize discharges of waste, if applicable. Attach additional sheets as necessary.

The Water Resource Protection Plan is currently being developed.

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d. Will work to bring site into compliance with Standard Conditions require disturbance to a stream or wetland over the coming year? Y / N

If YES, indicate status of work authorization by Regional Water Board. Specifically, check one or more of the following and provide the date if/as applicable.

I plan to submit my project plans to the Regional Water Board by the following date: _____

I submitted my project plans to the Regional Water Board on the following date: _____

The Regional Water Board Executive Officer authorized my project plans on the following date: _____

I have elected to receive authorization for instream work under a different Regional Water Board permitting mechanism as follows:

Instream work anticipated to occur between the following dates: _____

iii. Tier 2* sites:

Total cultivation area is less than 10,000 square feet? Y / N

Water resource protection plan developed and fully implemented? Y / N

All Standard Conditions met? Y / N

Site was inspected and verified as Tier 2* by Regional Water Board staff (NAME) _____ or approved third party program (NAME): _____ on (DATE) _____.

iv. Tier 3 Sites:

A Cleanup and Restoration Plan has been submitted to the Regional Water Board for approval.

The Cleanup and Restoration Plan has been approved by the Regional Water Board.

The timeline for the approved Cleanup and Restoration plan is being followed.

Will restoration work require disturbance to a stream or wetland in the coming year? Y / N

Instream work anticipated to occur between the following dates: _____

Cannabis cultivation is occurring or will occur on the site over the coming year. (If this box is checked, ensure that Tier 2 portions of the reporting form are completed as well).

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v. For All Sites:

Annual Reporting Period (Calendar Year), or CHECK HERE if this is the report accompanying initial enrollment.

0	1	0	1			TO	1	2	3	1		
Month/Day/Year						Month/Day/Year						

(See Order at page 6 for details regarding cultivation area and slope measurements, and watercourse definitions).

Total cultivation area (square feet)	24,000
Distance to surface waters (feet) from nearest edge of each cultivation area or associated facility. Provide distance measurement for each cultivated area separately, as appropriate.	The closest cultivation area is +200' to Class III stream
Average slope (percent slope) of each cultivated area List each cultivated area separately, as appropriate.	Most were <20% for all. Most sites were ridge tops or no
Total number of road crossings of surface waters Surface waters include wetlands and Class I, II, or III watercourses.	4
Annual soil amendment and chemical use (pounds or gallons). Total mass and/or volume of soil amendment and/or chemical usage by type, product name, and nutrient content such as N-P-K ratio, if applicable.*	TBD
Total water storage capacity (gallons or acre feet)	68,000

Total surface water diversion by month (gallons or acre feet)*

Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
0	0	0	0	0	0	0	0	0	0	0	0

Water input to storage by source and month (gallons or acre-feet) Report water volume input to storage, listing each source separately. This may include inputs from rainfall catchment, surface water diversions, groundwater pumping, or water delivery. If water is delivered, list delivery date, delivery volume, and name and address of water purveyor.*

Source	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Well #1TBD		Well #2 TDB										

Water use by source and month (gallons or acre feet) Report water volume used, listing each source separately. This may include use of stored water, immediate use of pumped groundwater, diverted surface water, or delivered water. If water is delivered, list delivery date, delivery volume, and name and address of water purveyor*.

Source	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Well 1 and Well 2	0	0	0	0	4000	10000	30000	30000	30000	5000	1000	0

* Upon initial enrollment only, a best estimate is acceptable for reporting annual soil amendment and chemical use, monthly water stored, and monthly water use. Attach additional sheets if more space is needed for your responses.

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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision. The information contained in this document and all attachments is, to the best of my knowledge and belief, true, accurate, and complete.

Print name: _____

Signature: _____ Date: _____

Preparer: Complete if MRP was prepared by someone other than the discharger, including an approved third-party

Organization Name (if applicable):

P a c i f i c W a t e r s h e d A s s o c i a t e s

Prepared by:

First Name, Middle Initial

K a t h y

Last Name

M o l e y

Preparer Address:

Street

P . O . B o x 4 4 3 3

City

A r c a t a

State

C A

ZIP

9 5 5 1 8

Phone Number:

7 0 7 8 3 9 5 1 3 0

Email:

k a t h y m @ p a c i f i c w a t e r s h e d . c o m

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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision. The information contained in this document and all attachments is, to the best of my knowledge and belief, true, accurate, and complete.

Print name: _____

Signature: _____ Date: _____

Preparer: Complete if MRP was prepared by someone other than the discharger, including an approved third-party

Organization Name (if applicable):

P a c i f i c W a t e r s h e d A s s o c i a t e s

Prepared by:

First Name, Middle Initial

K a t h y

Last Name

M o l e y

Preparer Address:

Street

P . O . B o x 4 4 3 3

City

A r c a t a

State

C A

ZIP

9 5 5 1 8

Phone Number:

7 0 7 8 3 9 5 1 3 0

Email:

k a t h y m @ p a c i f i c w a t e r s h e d . c o m

