

REVISIONS	DATE

UNIVERSITY OF CALIFORNIA, DAVIS CAMPUS
 STORM WATER POLLUTION PREVENTION PLAN (SWPPP)
 WORKSHEET
 CALIFORNIA CONSTRUCTION GENERAL PERMIT
 WORKSHEET 1. PROJECT INFORMATION

Storm Water Discharge Permit Form Attached <input type="checkbox"/> YES <input type="checkbox"/> NO

PROJECT INFORMATION

Project Name: «Project» «ProjectTitle2» «ContractTitle2»

Location: Street Address (or Equivalent): University of California, Davis

City: Davis County: Yolo ZIP Code: 95616

Project Owner: University of California, Davis

Contact Person: _____ Telephone: _____

Owner's Mailing Address: Street Address (or Equivalent): One Shields Avenue

City: Davis County: Yolo ZIP Code: 95616

IDENTIFY RESPONSIBLE PERSONNEL

Implementation and revision of SWPPP: _____

Equipment inspection: _____

Regular inspections of BMPs: _____

Train employees about BMPs affecting their job: _____

LIST OF CONTRACTORS / SUBCONTRACTORS RESPONSIBLE FOR IMPLEMENTING SWPPP FOR THE PROJECT:

CONTRACTOR NAME	CONTACT PERSON	WORK BEGIN DATE	WORK END DATE

ATTACH ADDITIONAL SHEET IF NECESSARY

PROVIDE GENERAL PROJECT DESCRIPTION

ATTACH ADDITIONAL SHEET IF NECESSARY