

Office of the State Controller  
State-Mandated Costs Claiming Instructions No. 2024-02  
California Regional Water Quality Control Board, San Diego Region – Program No. 383  
For the period of November 10, 2010 through December 31, 2017  
April 29, 2024

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller’s Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for California Regional Water Quality Control Board, San Diego Region, Order No. R9-2010-0016 program. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the program’s Parameters and Guidelines (Ps & Gs). The [Ps & Gs](#) are an integral part of the claiming instructions and are located on CSM’s website.

On September 22, 2023, the CSM adopted a Decision finding that the test claim permit imposed a reimbursable state-mandated program upon local agencies within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514 from November 10, 2010, through December 31, 2017 only.

**Exception**

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

**Eligible Claimants**

The following permittees are required to comply with Order No. R9-2010-0016 and are eligible to claim reimbursement, provided they are subject to the taxing restrictions of articles XIII A and XIII C of the California Constitution, and the spending limits of article XIII B of the California Constitution, and incur increased costs as a result of this mandate that are paid from their local proceeds of taxes:

The County of Riverside and the cities of Murrieta, Temecula, and Wildomar.

**Reimbursement Claim Deadline**

- **Initial Reimbursement Claims**

Initial reimbursement claims must be filed within 120 days from the issuance date of the claiming instructions. Costs incurred for compliance with this mandate are reimbursable for the period beginning November 10, 2010, through December 31, 2017, must be filed with the SCO and be delivered or postmarked on or before **August 27, 2024**, before a late fee is assessed. A separate claim must be filed for each fiscal year.

**Claims filed more than one year after the filing date will not be accepted.**

## **Penalty**

- **Initial Reimbursement Claims**

When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

## **Minimum Claim Cost**

GC section 17564(a) states that no claim may be filed pursuant to GC sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**\$1,000**).

## **Reimbursement of Claims**

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

## **Audit of Costs**

All claims submitted to the SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the Ps & Gs adopted by the CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by the SCO as deemed necessary. Pursuant to GC section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to audit by the SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later.

However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for the SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by the SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to the SCO on request.

### **Record Retention**

All documentation to support actual costs claimed must be retained and made available to the SCO upon request. The documents must be retained for a minimum of three years after the date of initial payment of the claim and/or until the ultimate resolution of any audit finding.

### **Claim Submission**

Electronic submissions of the signed Form FAM-27, all other forms, and supporting documentation are accepted through an online file transfer protocol called the **Data Exchange Portal (DEP)**. All information regarding [DEP](#) is available on the SCO's website.

If submitting via mail, submit the documents listed for electronic submission and include an additional copy of the Form FAM-27 to:

*Address, if delivered by U.S. Postal Service:*

Office of the State Controller  
Attn: Local Reimbursements Section  
Local Government Programs and Services Division  
P.O. Box 942850  
Sacramento, CA 94250

*Address, if delivered by other delivery service:*

Office of the State Controller  
Attn: Local Reimbursements Section  
Local Government Programs and Services Division  
3301 C Street, Suite 700  
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by [email](#).

<b>CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD, SAN DIEGO REGION, ORDER NO. R9-2010-0016 CLAIM FOR PAYMENT FORM</b>		For State Controller's Office Use Only		<b>PROGRAM 383</b>
		(19) Program Number 00383	(20) Date Filed	
		(21) LRS Input		
(01) Claimant Identification Number		Reimbursement Claim Data		
(02) Claimant Name		(22)	FORM 1, (04) A.1.(f)	
County of Location		(23)	FORM 1, (04) A.2.(f)	
Street Address or P.O. Box and Suite		(24)	FORM 1, (04) B.1.(f)	
City, State, and Zip Code		(25)	FORM 1, (04) B.2.(f)	
(03)	Type of Claim	(26)	FORM 1, (04) B.3.(f)	
(04)	(09) Reimbursement	(27)	FORM 1, (04) B.4.(f)	
(05)	(10) Combined	(28)	FORM 1, (04) B.5.(f)	
(06)	(11) Amended	(29)	FORM 1, (04) C.(f)	
(07)	(12) Fiscal Year of Cost	(30)	FORM 1, (04) D.1.a.(f)	
(08)	(13) Total Claimed Amount	(31)	FORM 1, (04) D.1.b.(f)	
(14) Less: 10% Late Penalty		(32)	FORM 1, (04) D.2.a.(f)	
(15) Less: Prior Claim Payment Received		(33)	FORM 1, (04) D.2.b.(f)	
(16) Net Claimed Amount		(34)	FORM 1, (04) D.3.a.(f)	
(17) Due from State		(35)	FORM 1, (04) D.3.b.(f)	
(18) Due to State		(36)	FORM 1, (04) D.4.a.(f)	
		(37)	FORM 1, (04) D.4.b.(f)	
		(38)	FORM 1, (06)	
		(39)	FORM 1, (07)	
		(40)	FORM 1, (09)	
		(41)	FORM 1, (10)	
<b>(42) CERTIFICATION OF CLAIM</b>  In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.  I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein, and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.  The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.  I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
Signature of Authorized Officer		Date Signed		
		Telephone Number		
Type or Print Name and Title of Authorized Signatory		Email Address		
(43) Name of Agency Contact Person for Claim		Telephone Number		
		Email Address		
Name of Consulting Firm/Claim Preparer		Telephone Number		
		Email Address		

<b>PROGRAM</b> <b>383</b>	<b>CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD, SAN DIEGO REGION, ORDER NO. R9-2010-0016 CLAIM FOR PAYMENT INSTRUCTIONS</b>	<b>FORM FAM-27</b>
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- (01) Enter the claimant identification number assigned by the State Controller's Office.
- (02) Enter claimant official name, county of location, street or postal office box address, city, state, and zip code.
- (03) to (08) Leave blank.
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) Not applicable.
- (11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year in which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.
- (13) Enter the amount of the reimbursement claim as shown on Form 1, line (11). The total claimed amount must exceed \$1,000; minimum claim must be \$1,001.
- (14) Initial reimbursement claims must be filed as specified in the claiming instructions. Claims filed after the specified date must be reduced by a late penalty. Enter zero if the claim was filed on time. Otherwise, enter the result from the following penalty calculation formula:
- Late Initial Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, without limitation
- (15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.
- (16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.
- (19) to (21) Leave blank.

<b>PROGRAM</b> <b>383</b>	<b>CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD, SAN DIEGO REGION, ORDER NO. R9-2010-0016 CLAIM FOR PAYMENT INSTRUCTIONS (CONTINUED)</b>	<b>FORM FAM-27</b>
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- (22) to (41) Bring forward the cost information as specified in the left-hand column of lines (22) through (41) for the reimbursement claim, e.g., Form 1, (04) A.1.(f) means the information is located on Form 1, block (04), line A.1., column (f). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. Completion of this data block will expedite the process.
- (42) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, and include their typed or printed name, title, telephone number, and email address. Claims cannot be paid unless accompanied by an original signed certification. Please sign the Form FAM-27 in blue ink or electronic signature. If submitting by U.S. Postal Service or by other delivery service, attach a copy of the FAM-27 to the top of the claim package.
- (43) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, claim preparer, telephone number, and email address.

**Electronic submissions of the signed Form FAM-27, all other forms, and supporting documentation are accepted through an online file transfer protocol called the Data Exchange Portal (DEP). All information regarding [DEP](#) is available on the SCO's website.**

If submitting via mail, submit the documents listed for electronic submission and include an additional copy of the Form FAM-27 to:

*Address, if delivered by U.S. Postal Service:*

Office of the State Controller  
Attn: Local Reimbursements Section  
Local Government Programs and Services Division  
P.O. Box 942850  
Sacramento, CA 94250

*Address, if delivered by other delivery service:*

Office of the State Controller  
Attn: Local Reimbursements Section  
Local Government Programs and Services Division  
3301 C Street, Suite 700  
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by [email](#).

<b>PROGRAM</b> <b>383</b>	<b>CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD, SAN DIEGO REGION, ORDER NO. R9-2010-0016 CLAIM SUMMARY</b>	<b>FORM</b> <b>1</b>
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(01) Claimant	(02) Fiscal Year 20 ___ /20 ___
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(03) Department						
<b>Direct Costs</b>	<b>Object Accounts</b>					
(04) Reimbursable Activities	(a) Salaries	(b) Benefits	(c) Materials and Supplies	(d) Contract Services	(e) Fixed Assets	(f) Total

**A. Storm Water Action Levels (SALs) – Development and Submittal of Wet Weather Municipal Separate Storm Sewer System (MS4) Discharge Monitoring Program**

1. Collaborate with all permittees to develop a year-round, watershed based, wet weather MS4 discharge monitoring program to sample a representative percentage of the major outfalls, as defined in 40 CFR 122.26(b)(5) and (b)(6) and Attachment E. of the test claim permit, within each hydrologic subarea. (Order No. R9-2010-0016, Section D.2.)						
2. The principal copermitttee shall submit to the Regional Board for review and approval, a detailed draft of the wet weather MS4 discharge monitoring program to be implemented. (Order No. R9-2010-0016, Section D.2., which incorporates by reference Attachment E., Section II.B.3.)						

**B. Watershed Workplan**

1. The watershed Best Management Practice (BMP) implementation strategy shall include a map of any implemented and proposed BMPs. (Order No. R9-2010-0016, Section G.1.d.)						
2. The copermitttees shall pursue efforts to obtain any interagency agreements, or other coordination efforts, with non-copermitttee owners of the MS4 (such as Caltrans, Native American tribes, and school districts) to control the contribution of pollutants from one portion of the shared MS4 to another portion of the shared MS4. (Order No. R9-2010-0016, Section G.3.)						
3. The watershed workplan must include the identification of the persons or entities anticipated to be involved during the development and implementation of the Watershed Workplan. (Order No. R9-2010-0016, Section G.4.)						
4. The annual watershed review meetings shall be open to the public and adequately noticed. (Order No. R9-2010-0016, Section G.5.)						
5. Each permittee shall review and modify jurisdictional programs and jurisdictional runoff management program (JRMP) annual reports, as necessary, so they are consistent with the updated watershed workplan. (Order No. R9-2010-0016, Section G.5.)						

**C. Annual JRMP Report**

<p>The JRMP report must comply with the requirements of the Parameters and Guidelines (Ps and Gs) Section IV. Reimbursable Activities, Section C. Annual JRMP Report. Please see link to the <a href="#">Ps and Gs</a>.</p>						
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<b>PROGRAM</b> <b>383</b>	<b>CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD, SAN DIEGO REGION, ORDER NO. R9-2010-0016 CLAIM SUMMARY</b>	<b>FORM</b> <b>1</b>
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(01) Claimant	(02) Fiscal Year 20 ___ /20 ___
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(03) Department

Direct Costs	Object Accounts					
(04) Reimbursable Activities (Continued)	(a) Salaries	(b) Benefits	(c) Materials and Supplies	(d) Contract Services	(e) Fixed Assets	(f) Total

**D. Special Studies**

1. Sediment Toxicity Study

<p>a. Develop and submit to the Regional Board by April 1, 2012, a workplan to investigate the toxicity of sediment in streams and its potential impact on benthic macroinvertebrate Index of Biotic Integrity (IBI) scores. The study must be implemented in conjunction with the stream assessment monitoring in Attachment E. The study must include the following elements:</p> <ol style="list-style-type: none"> <li>1) At least four stream assessment locations must be sampled, including one reference site and one mass loading site. The selection of sites must be done with consideration of subjectivity of receiving waters to discharges from residential and agricultural land uses.</li> <li>2) At a minimum, sampling must occur once per year at each site for at least two years.</li> <li>3) At a minimum, sediment toxicity analysis must include the measurement of metals, pyrethroids, and organochlorine pesticides. The analysis must include estimates of bioavailability based upon sediment grain size, organic carbon, and receiving water temperature at the sampling site. Acute and chronic toxicity testing must be done using <i>Hyalella azteca</i>.</li> </ol>						
<p>b. Include the results and a discussion in the monitoring annual report including an assessment of the relationship between observed IBI scores and all variables measured. (Order No. R9-2010-0016, Attachment E, Section II.E.2.)</p>						

2. Trash and Litter Investigation

<p>a. Develop and submit to the Regional Board by September 1, 2012, a workplan to assess trash (including litter) as a pollutant within receiving waters on a watershed based scale. The copermittees must select a lead copermittee. The study must include the following elements:</p> <ol style="list-style-type: none"> <li>1) The lead copermittee must identify suitable sampling locations within the Santa Margarita Hydrologic Unit.</li> <li>2) Trash at each location must be monitored a minimum of twice during the wet season following a qualified monitoring storm event and twice during the dry season.</li> <li>3) The lead copermittee must use the "Final Monitoring Workplan for the Assessment of Trash in San Diego County Watersheds" and "A Rapid Trash Assessment Method Applied to Waters of the San Francisco Bay Region" to develop a monitoring protocol.</li> </ol>						
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<b>PROGRAM</b> <b>383</b>	<b>CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD, SAN DIEGO REGION, ORDER NO. R9-2010-0016 CLAIM SUMMARY</b>	<b>FORM</b> <b>1</b>
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(01) Claimant	(02) Fiscal Year 20 ____ /20 ____
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(03) Department

Direct Costs	Object Accounts					
(04) Reimbursable Activities (Continued)	(a) Salaries	(b) Benefits	(c) Materials and Supplies	(d) Contract Services	(e) Fixed Assets	(f) Total

**D. Special Studies**

2. Trash and Litter Investigation

<p>b. Include the results and a discussion in the monitoring annual report and must, at a minimum, include source identification, an evaluation of BMPs for trash reduction and prevention, and a description of any BMPs implemented in response to study results. (Order No. R9-2010-0016, Attachment E, Section II.E.3.)</p>						
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3. Agricultural, Federal, and Tribal Input Study

<p>a. Develop and submit to the Regional Board by September 1, 2012, a workplan to investigate the water quality of agricultural, federal, and tribal runoff that is discharged into their MS4. The study must include the following elements:</p> <ol style="list-style-type: none"> <li>1) The copermittees must identify a representative number of sampling stations within their MS4 that receive discharges of agricultural, federal, and tribal runoff that has not co-mingled with any other source. At least one station from each category must be reported.</li> <li>2) One storm event must be monitored at each sampling location each year for at least two years.</li> <li>3) At a minimum, analysis must include those constituents listed in Table 1 of the Monitoring and Reporting Program. Grab samples may be utilized, though composite samples are preferred. The copermittees must also measure or estimate flow rates and volumes of discharges into the MS4.</li> </ol>						
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<p>b. Include the results and a discussion from the study in the monitoring annual report. (Order No. R9-2010-0016, Attachment E, Section II.E.4.)</p>						
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<b>PROGRAM</b> <b>383</b>	<b>CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD, SAN DIEGO REGION, ORDER NO. R9-2010-0016 CLAIM SUMMARY</b>	<b>FORM</b> <b>1</b>				
(01) Claimant	(02)	Fiscal Year 20 ___ /20___				
(03) Department						
<b>Direct Costs</b>	<b>Object Accounts</b>					
(04) Reimbursable Activities (Continued)	(a) Salaries	(b) Benefits	(c) Materials and Supplies	(d) Contract Services	(e) Fixed Assets	(f) Total
<b>D. Special Studies</b>						
4. MS4 and Receiving Water Maintenance Study						
a. Develop and submit to the Regional Board by April 1, 2012, a workplan to investigate receiving waters that are considered part of the MS4 and that are subject to continual vegetative clearance activities, for example, mowing. The copermitees must assess the effects of the vegetation removal activities and water quality, including, but not limited to, modification of biogeochemical functions, in-stream temperatures, receiving water bed and bank erosion potential, and sediment transport. The study must include the following elements:  1) The copermitees must identify suitable sampling locations, including at least one reference that is not subject to maintenance activities.  2) At a minimum, the copermitees must monitor pre- and post-maintenance activities for indicator bacteria, turbidity, temperature, dissolved oxygen and nutrients (nitrite, nitrate, total Kjeldahl nitrogen, ammonia and total phosphorous). The copermitees must also measure or estimate flow rates and volumes.						
b. Include the results and a discussion from the study in the annual monitoring report including the relevance of findings to Clean Water Act (CWA) section 303(d) listed impaired waters. (Order No. R9-2010-0016, Attachment E, Section II.E.5.)						
(05) Total Direct Costs						
<b>Indirect Costs</b>						
(06) Indirect Cost Rate	[From ICRP or 10%]					%
(07) Total Indirect Costs	[Refer to Claim Summary Instructions]					
(08) Total Direct and Indirect Costs	[Line (05)(a)(f) plus line (07)]					
<b>Cost Reduction</b>						
(09) Less: Offsetting Revenues						
(10) Less: Other Reimbursements						
(11) Total Claimed Amount	[Line (08) minus {line (09) plus line (10)}]					

<b>PROGRAM</b> <b>383</b>	<b>CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD, SAN DIEGO REGION, ORDER NO. R9-2010-0016 CLAIM SUMMARY INSTRUCTIONS</b>	<b>FORM</b> <b>1</b>
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- (01) Enter the name of the claimant.
- (02) Enter the fiscal year of costs.
- (03) If more than one department has incurred costs for this mandate, give the name of each department. A separate Form 1 should be completed for each department.
- (04) For each reimbursable activity, enter the totals from Form 2, line (05), columns (d) through (h), to Form 1, block (04), columns (a) through (e), in the appropriate row. Total each row.  
Note: Please refer to the parameters and guidelines for the details of the reimbursable activities.
- (05) Total columns (a) through (f).
- (06) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an Indirect Cost Rate Proposal (ICRP). If an indirect cost rate of greater than 10% is used, include the ICRP with the claim.
- (07) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with the Office of Management and Budget Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by 10%, excluding fringe benefits. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate by the Indirect Cost Rate, line (06).
- (08) Enter the sum of Total Direct Costs, line (05)(f), and Total Indirect Costs, line (07).
- (09) If applicable, enter any offsetting revenue received by the claimant for this mandate from any state or federal source. Submit a schedule detailing the revenue sources and amounts.
- (10) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (11) From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Revenues, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

<b>PROGRAM</b>  <span style="font-size: 24pt;"><b>383</b></span>	<b>CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD, SAN DIEGO REGION, ORDER NO. R9-2010-0016 ACTIVITY COST DETAIL</b>	<b>FORM</b>  <span style="font-size: 24pt;"><b>2</b></span>
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(01) Claimant	(02)	Fiscal Year 20__/20__
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

**A. Storm Water Action Levels (SALs) – Development and Submittal of Wet Weather Municipal Separate Storm Sewer System (MS4) Discharge Monitoring Program**

- 1. Collaborate with all permittees to develop a year-round, watershed based, wet weather MS4 discharge monitoring program to sample a representative percentage of the major outfalls, as defined in 40 CFR 122.26(b)(5) and (b)(6) and Attachment E. of the test claim permit, within each hydrologic subarea. (Order No. R9-2010-0016, Section D.2.)
- 2. The principal copermitttee shall submit to the Regional Board for review and approval, a detailed draft of the wet weather MS4 discharge monitoring program to be implemented. (Order No. R9-2010-0016, Section D.2., which incorporates by reference Attachment E., Section II.B.3.)

**B. Watershed Workplan**

- 1. The watershed Best Management Practices (BMP) implementation strategy shall include a map of any implemented and proposed BMPs. (Order No. R9-2010-0016, Section G.1.d.)
- 2. The copermitttees shall pursue efforts to obtain any interagency agreements, or other coordination efforts, with non-copermitttee owners of the MS4 (such as Caltrans, Native American tribes, and school districts) to control the contribution of pollutants from one portion of the shared MS4 to another portion of the shared MS4. (Order No. R9-2010-0016, Section G.3.)
- 3. The watershed workplan must include the identification of the persons or entities anticipated to be involved during the development and implementation of the Watershed Workplan. (Order No. R9-2010-0016, Section G.4.)
- 4. The annual watershed review meetings shall be open to the public and adequately noticed. (Order No. R9-2010-0016, Section G.5.)
- 5. Each permittee shall review and modify jurisdictional programs and jurisdictional runoff management program (JRMP) annual reports, as necessary, so they are consistent with the updated watershed workplan. (Order No. R9-2010-0016, Section G.5.)

**C. Annual JRMP Report**

- The JRMP report must comply with the requirements of Parameters and Guidelines (Ps and Gs) Section IV. Reimbursable Activities, Section C. Annual JRMP Report.  
Please see link to the [Ps and Gs](#)

**D. Special Studies**

- 1. Sediment Toxicity Study
  - a. Develop and submit to the Regional Board by April 1, 2012, a workplan to investigate the toxicity of sediment in streams and its potential impact on benthic macroinvertebrate Index of Biotic Integrity (IBI) scores. The study must be implemented in conjunction with the stream assessment monitoring in Attachment E. The study must include the following elements:
    - 1) At least four stream assessment locations must be sampled, including one reference site and one mass loading site. The selection of sites must be done with consideration of subjectivity of receiving waters to discharges from residential and agricultural land uses.
    - 2) At a minimum, sampling must occur once per year at each site for at least two years.
    - 3) At a minimum, sediment toxicity analysis must include the measurement of metals, pyrethroids, and organochlorine pesticides. The analysis must include estimates of bioavailability based upon sediment grain size, organic carbon, and receiving water temperature at the sampling site. Acute and chronic toxicity testing must be done using *Hyalella azteca*.
  - b. Include the results and a discussion in the monitoring annual report including an assessment of the relationship between observed BI scores and all variables measured. (Order No. R9-2010-0016, Attachment E, Section II.E.2.)

<b>PROGRAM</b> <b>383</b>	<b>CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD, SAN DIEGO REGION, ORDER NO. R9-2010-0016 ACTIVITY COST DETAIL</b>	<b>FORM</b> <b>2</b>
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(01) Claimant	(02)	Fiscal Year 20__/20__
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(03) Reimbursable Activities (Continued): Check only one box per form to identify the activity being claimed.

**D. Special Studies**

2. Trash and Litter Investigation

- a. Develop and submit to the Regional Board by September 1, 2012, a workplan to assess trash (including litter) as a pollutant within receiving waters on a watershed based scale. The copermitees must select a lead copermitee. The study must include the following elements:
  - 1) The lead copermitee must identify suitable sampling locations within the Santa Margarita Hydrologic Unit.
  - 2) Trash at each location must be monitored a minimum of twice during the wet season following a qualified monitoring storm event and twice during the dry season.
  - 3) The lead co permittee must use the "Final Monitoring Workplan for the Assessment of Trash in San Diego County Watersheds" and "A Rapid Trash Assessment Method Applied to Waters of the San Francisco Bay Region" to develop a monitoring protocol.
- b. Include the results and a discussion in the monitoring annual report and must, at a minimum, include source identification, an evaluation of BMPs for trash reduction and prevention, and a description of any BMPs implemented in response to study results. (Order No. R9-2010-0016, Attachment E, Section II.E.3.)

3. Agricultural, Federal, and Tribal Input Study

- a. Develop and submit to the Regional Board by September 1, 2012, a workplan to investigate the water quality of agricultural, federal, and tribal runoff that is discharged into their MS4. The study must include the following elements:
  - 1) The copermitees must identify a representative number of sampling stations within their MS4 that receive discharges of agricultural, federal, and tribal runoff that has not co-mingled with any other source. At least one station from each category must be identified.
  - 2) One storm event must be monitored at each sampling location each year for at least two years.
  - 3) At a minimum, analysis must include those constituents listed in Table 1 of the Monitoring and Reporting Program. Grab samples may be utilized, though composite samples are preferred. The copermitees must also measure or estimate flow rates and volumes of discharges into the MS4.
- b. Include the results and a discussion from the study in the monitoring annual report. (Order No. R9-2010-0016, Attachment E, Section II.E.4.)

4. MS4 and Receiving Water Maintenance Study

- a. Develop and submit to the Regional Board by April 1, 2012, a workplan to investigate receiving waters that are considered part of the MS4 and that are subject to continual vegetative clearance activities, for example, mowing. The copermitees must assess the effects of the vegetation removal activities and water quality, including, but not limited to, modification of biogeochemical functions, in-stream temperatures, receiving water bed and bank erosion potential, and sediment transport. The study must include the following elements:
  - 1) The copermitees must identify suitable sampling locations, including at least one reference that is not subject to maintenance activities.
  - 2) At a minimum, the co permittees must monitor pre- and post-maintenance activities for indicator bacteria, turbidity, temperature, dissolved oxygen and nutrients (nitrite, nitrate, total Kjeldahl nitrogen, ammonia and total phosphorous). The copermitees must also measure or estimate flow rates and volumes.
- b. Include the results and a discussion from the study in the annual monitoring report including the relevance of findings to Clean Water Act (CWA) section 303(d) listed impaired waters. (Order No. R9-2010-0016, Attachment E, Section II.E.5.)

<b>PROGRAM</b> <b>383</b>	<b>CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD,</b> <b>SAN DIEGO REGION, ORDER NO. R9-2010-0016</b> <b>ACTIVITY COST DETAIL</b>	<b>FORM</b> <b>2</b>
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(01) Claimant	(02) Fiscal Year 20__/20__
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(04) Description of Expenses			Object Accounts				
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Fixed Assets

(05) Total <input type="checkbox"/> Subtotal <input type="checkbox"/> Page: ____ of ____	
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<b>PROGRAM</b> <b>383</b>	<b>CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD, SAN DIEGO REGION, ORDER NO. R9-2010-0016 ACTIVITY COST DETAIL INSTRUCTIONS</b>	<b>FORM</b> <b>2</b>
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- (01) Enter the name of the claimant.
- (02) Enter the fiscal year of costs.
- (03) A separate Form 2 must be prepared for each applicable activity.

Note: Please refer to the parameters and guidelines for the details of the reimbursable activities.

- (04) The following table identifies the type of information required to support reimbursable costs. To itemize costs for the activity in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, supplies used, contract services, and fixed assets. The descriptions required in column (04)(a) must be of sufficient detail to explain the cost of activities or items being claimed.

<b>Required Documentation to Support Reimbursable Costs</b>									
Object Accounts	Columns								Submit Supporting Documents with the Claim
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	
<b>Salaries</b>	Employee Name and Job Classification	Hourly Rate	Hours Worked	Salaries equal Hourly Rate times Hours Worked					
<b>Benefits</b>	Activities Performed	Benefit Rate			Benefits equal Benefit Rate times Salaries				
<b>Materials and Supplies</b>	Description of Supplies Used	Unit Cost	Quantity Used			Costs equal Unit Cost times Quantity Used			
<b>Contract Services</b>	Name of Contractor and Specific Tasks Performed	Hourly Rate	Hours Worked and Inclusive Dates of Service				Costs equal Hourly Rate times Hours Worked or Total Contract Cost		Copy of Contract and/or Invoices
<b>Fixed Assets</b>	Description of Equipment Purchased	Unit Cost times Quantity	Usage					Costs equal Total Cost times Usage	Copy of Contract and/or Invoices

- (05) Total line (04), columns (d) through (h) and enter the sums on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail activity costs, number each page. Enter totals from line (05), columns (d) through (h) to Form 1, block (04), columns (a) through (e) in the appropriate row.