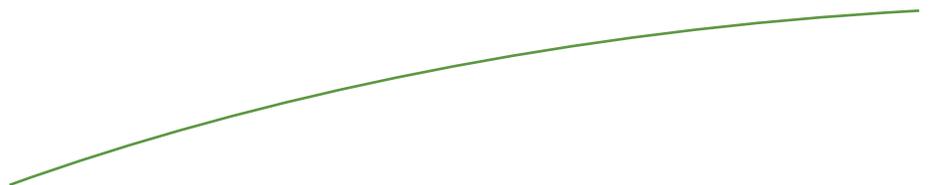




Appendix D

INDIVIDUAL BIOLOGICAL ASSESSMENT
REPORT FORM



INDIVIDUAL BIOLOGICAL ASSESSMENT REPORT

Site Name/Facility: _____
Master Program
Map No.: _____
Date: _____
Biologist Name/Cell
Phone No.: _____

Instructions: This form must be completed for each storm water facility identified in the Annual Maintenance Needs Assessment report and prior to commencing any maintenance activity on the facility. The Existing Conditions information shall be collected prior to preparing of the Individual Maintenance Plan (IMP) to assist in developing the IMP. The remaining sections shall be completed after the IMP has been prepared. Attach additional sheets as needed.

EXISTING CONDITIONS	
Survey Methods and Date: 	
Biological Resources:	Stream Type: Perennial <input type="checkbox"/> Intermittent <input type="checkbox"/> Ephemeral <input type="checkbox"/>
Jurisdictional Areas: U.S. Army Corps of Engineers Wetland Waters of the U.S. (WUS): Non-wetland WUS: California Department of Fish and Game/City of San Diego: Wetlands: Streambed/Unvegetated Waters:	

<p>Sensitive Plant Species Observed: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what species were observed and where?</p>	<p>Sensitive Animal Species Observed/Detected: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what species were observed/detected and where?</p>										
<p>Is there moderate or high potential for listed animal species to occur in or adjacent to the impact area? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, which species (check all that apply):</p> <table border="0"> <tr> <td><input type="checkbox"/> Least Bell's vireo</td> <td><input type="checkbox"/> Riverside fairy shrimp</td> </tr> <tr> <td><input type="checkbox"/> Southwester willow flycatcher</td> <td><input type="checkbox"/> California least tern</td> </tr> <tr> <td><input type="checkbox"/> Arroyo toad</td> <td><input type="checkbox"/> Light-footed clapper rail</td> </tr> <tr> <td><input type="checkbox"/> Coastal California gnatcatcher</td> <td><input type="checkbox"/> Western snowy plover</td> </tr> <tr> <td><input type="checkbox"/> San Diego fairy shrimp</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>		<input type="checkbox"/> Least Bell's vireo	<input type="checkbox"/> Riverside fairy shrimp	<input type="checkbox"/> Southwester willow flycatcher	<input type="checkbox"/> California least tern	<input type="checkbox"/> Arroyo toad	<input type="checkbox"/> Light-footed clapper rail	<input type="checkbox"/> Coastal California gnatcatcher	<input type="checkbox"/> Western snowy plover	<input type="checkbox"/> San Diego fairy shrimp	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Least Bell's vireo	<input type="checkbox"/> Riverside fairy shrimp										
<input type="checkbox"/> Southwester willow flycatcher	<input type="checkbox"/> California least tern										
<input type="checkbox"/> Arroyo toad	<input type="checkbox"/> Light-footed clapper rail										
<input type="checkbox"/> Coastal California gnatcatcher	<input type="checkbox"/> Western snowy plover										
<input type="checkbox"/> San Diego fairy shrimp	<input type="checkbox"/> Other: _____										
<p>Could work be conducted during the avian breeding season (January 15 – August 31) without the need for pre-construction nesting surveys: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, provide justification:</p>											
<p>Is it anticipated that maintenance activities would generate noise in excess of 60 dB(A) L_{eq}: Yes <input type="checkbox"/> No <input type="checkbox"/></p>											
<p><u>Biological Resource Conditions Relative to Original Survey Conducted for MASTER PROGRAM Final Program EIR (May 2010) (vegetation communities present, including adjacent uplands; general habitat quality/level of disturbance):</u></p>											
<p>MAINTENANCE IMPACTS</p>											
<p><u>Maintenance Methodology (based on IMP)</u></p>											
<p><u>Vegetation Impacts:</u></p> <p><u>Wetland</u></p> <p><u>Upland</u></p>											

Jurisdictional Impacts:

U.S. Army Corps of Engineers

Wetland Waters of the U.S. (WUS):

Non-wetland WUS:

California Department of Fish and Game/City of San Diego:

Wetlands:

Streambed/Unvegetated Waters:

Is there moderate or high potential for listed animal species to be impacted? Yes No

If yes, which species (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Least Bell's vireo | <input type="checkbox"/> Riverside fairy shrimp |
| <input type="checkbox"/> Southwester willow flycatcher | <input type="checkbox"/> California least tern |
| <input type="checkbox"/> Arroyo toad | <input type="checkbox"/> Light-footed clapper rail |
| <input type="checkbox"/> Coastal California gnatcatcher | <input type="checkbox"/> Western snowy plover |
| <input type="checkbox"/> San Diego fairy shrimp | <input type="checkbox"/> Other: _____ |

MITIGATION

Applicable Maintenance Protocols (list the applicable maintenance protocols based on the biological resources occurring or likely to occur on site --include any special protocols required):

Applicable PEIR mitigation measures:

Environmental Mitigation Requirements (including wetland enhancement, restoration, creation, and/or purchase of wetland credits in a mitigation bank; off-site upland habitat acquisition/payment into the City's habitat acquisition fund):

Corps Jurisdictional Areas:

CDFG Jurisdictional Areas/City Wetlands

Mitigation Description/Location:

ADDITIONAL COMMENTS OR RECOMMENDATIONS

SITE PHOTOS

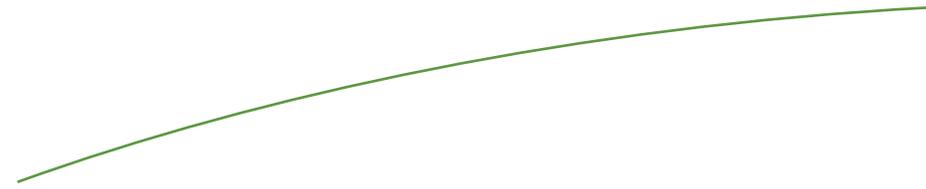
PHOTO NOTES:	PHOTO NOTES:

PHOTO NOTES:	PHOTO NOTES:



Appendix E

INDIVIDUAL HISTORICAL ASSESSMENT
REPORT FORM



INDIVIDUAL HISTORICAL ASSESSMENT REPORT

Site Name/Facility: _____

Master Program Map No.: _____

Date: _____

Archaeologist Name: _____

Native American Monitor Name: _____

Instructions: This form must be completed for each target facility identified in the Annual Maintenance Needs Assessment report and prior to any work on site. Attach additional sheets as needed.

EXISTING CONDITIONS

Site Conditions:

Survey Methods and Date:

Record Search Results:

Archaeological Survey Results:

MAINTENANCE IMPACTS

Is there a moderate or high potential for archaeological resources to occur in or adjacent to the impact area: Yes No

MITIGATION

Environmental Mitigation Requirements:

What, if any, PEIR mitigation measures are applicable?

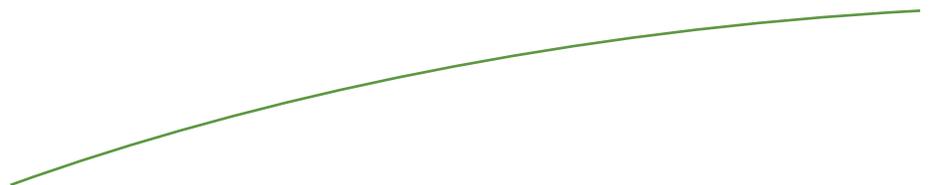
What, if any, other measures are required?

ADDITIONAL COMMENTS OR RECOMMENDATIONS



Appendix F

INDIVIDUAL HYDROLOGIC AND
HYDRAULIC ASSESSMENT REPORT FORM



INDIVIDUAL HYDROLOGIC & HYDRAULIC ASSESSMENT (IHHA) REPORT

Site Name/Facility: _____

Master Program Map No.: _____

Date: _____

Civil Engineer (name, company,
phone number): _____

**Register Civil Engineer Number
& Expiration Date** (place stamp
here): _____

• **Instructions:** This form must be completed for each target facility following the completion of the Individual Maintenance Plan (IMP) report form and prior to any work being conducted in the facility. Attach additional sheets if needed.

EXISTING CONDITIONS
Description of creek/channel (limits of reach, surrounding land use and area, creek/channel geometry and vegetative condition): <u>Note: See attached pictures</u>
Hydrologic information (source of hydrologic information, summary of flow rates and return frequencies):
Hydraulic analyses (description of hydraulic models created for project):
Current Vegetated Condition: <u>Note: Attach Model Output & Workmap</u>
Ultimate Vegetated Condition: <u>Note: Attach Model Output & Workmap</u>
Maintained Condition - No sediment removed: <u>Note: Attach Model Output & Workmap</u>
Maintained Condition - Sediment removed (if applicable):

Note: Attach Model Output & Workmap

MAINTENANCE IMPACTS

Hydraulics Results (Describe capacity of channel for each condition):

Note: Reference Profile

Ultimate Vegetated Condition:

Note: Reference Profile

Maintained Condition - No sediment removed:

Note: Reference Profile

Maintained Condition - Sediment removed (if applicable):

Note: Reference Profile

Areas within channel that can be avoided (this section can be completed upon completion of Individual Biological Assessment Form):

Is a downstream check dam or comparably mechanism required?

MITIGATION

Conclusion/Recommendations (Describe the limits of recommended maintenance, degree to which native vegetation within the facility can be retained, and capacity of maintained channel):

ADDITIONAL COMMENTS OR RECOMMENDATIONS

LIST OF ATTACHMENTS (Check All That Apply):

- Site Photos
- Hydraulic Profiles for Current Vegetated Condition Model
- Hydraulic Profiles for Ultimate Vegetated Condition Model
- Hydraulic Profiles for Maintained Condition Model (No Sediment Removed)
- Hydraulic Profiles for Maintained Condition Model (Sediment Removed)
- Hydraulic Workmap
- Detailed Hydraulic Results for Current Vegetated Condition Model
- Detailed Hydraulic Results for Ultimate Vegetated Condition Model
- Detailed Hydraulic Results for Maintained Condition Model (No Sediment Removed)
- Detailed Hydraulic Results for Maintained Condition Model (Sediment Removed)

SITE PHOTOS:

Date of Site Visit:

See Hydraulic Workmap for picture locations and orientation.

1.	2.
----	----

3.	4.
----	----

Notes: _____

SITE PHOTOS:

Date of Site Visit:

See Hydraulic Workmap for picture locations and orientation.

5.	6.
----	----

7a.	7b.
-----	-----

Notes: _____

SITE PHOTOS:

Date of Site Visit:

See Hydraulic Workmap for picture locations and orientation.

8.	9.
----	----

10.	
-----	--

Notes: _____

HYDRAULIC PROFILE FOR CURRENT VEGETATED CONDITION MODEL

HYDRAULIC PROFILE FOR ULTIMATE VEGETATED CONDITION MODEL

HYDRAULIC PROFILE FOR
MAINTAINED CONDITION MODEL (NO SEDIMENT REMOVED)

HYDRAULIC PROFILE FOR
MAINTAINED CONDITION MODEL (SEDIMENT REMOVED)

HYDRAULIC WORKMAP

DETAILED HYDRAULIC RESULTS FOR
CURRENT VEGETATED CONDITION MODEL

DETAILED HYDRAULIC RESULTS FOR
ULTIMATE VEGETATED CONDITION MODEL

DETAILED HYDRAULIC RESULTS FOR
MAINTAINED CONDITION MODEL (NO SEDIMENT REMOVED)

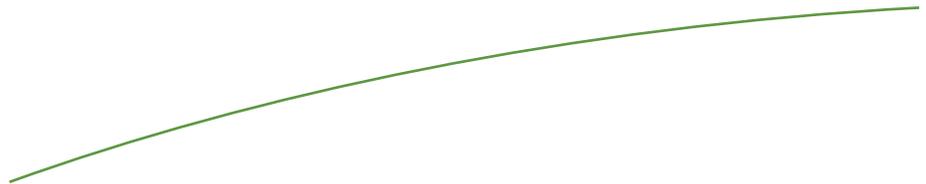
DETAILED HYDRAULIC RESULTS FOR
MAINTAINED CONDITION MODEL (SEDIMENT REMOVED)

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Appendix G

INDIVIDUAL WATER QUALITY ASSESSMENT
FORM



INDIVIDUAL WATER QUALITY ASSESSMENT REPORT

Site Name/Facility: _____

Master Program Map No.: _____

Date: _____

Civil Engineer (name, company, phone number): _____

Register Civil Engineer Number & Expiration Date (place stamp here): _____

Instructions: This form must be completed for each facility prior to the completion of the Individual Maintenance Plan and prior to any work being conducted in the facility. Attach additional sheets if needed.

EXISTING CONDITIONS
<u>Description of creek/channel geometry (length, width, and depth):</u>
<u>Description of Sediment Sampling Activities (location(s), depth, shipment/deliverer to laboratory(s)):</u> <p><u>Note: Attach Chain of Custody Sheet(s), Table of Chemical Analysis Results, and Laboratory Sieve Analysis Results</u></p>
<u>Description of Flow Measurement Activities (location(s) and equipment):</u> <p><u>Note: Attach Field Notes and Model Calculation Worksheets</u></p>
<u>Description of Volume Measurement Activities (interval, total number, equipment):</u> <p><u>Note: Attach Field Notes and Model Calculation Worksheets</u></p>
<u>Description of Water Quality Sampling Activities (location(s), shipment/delivery to laboratory(s)):</u> <p><u>Note: Attach Chain of Custody Sheet(s) and Table of Chemical Analysis Results</u></p>
<u>Description of Wetland Assessment (Existing) Activities (personnel, general conditions):</u> <p><u>Note: Attach Field Notes and Scoring Sheet(s)</u></p>

Description of Wetland Assessment (Recovery) Activities (personnel, general conditions):

Note: Attach Field Notes and Scoring Sheet(s)

Sediment Pollutant Loading Estimates:

Note: Attach Estimate of Gravel and Cobble Calculations and Sediment Pollutant Loading Calculations

MAINTENANCE IMPACTS

Evaluation of Benefits / Impacts:

Are there constituents that have potential impacts greater than benefits?

Yes No

If so, identify constituents here and compare measured concentrations to thresholds.

Note: Attach Model Calculation Worksheet showing all constituents.

MITIGATION

If impacts are identified, list potential mitigation efforts (e.g., BMPs type(s) and number(s)) that may be implemented in the watershed:

Note: Attach Model Calculation Worksheet.

ADDITIONAL COMMENTS OR RECOMMENDATIONS

LIST OF ATTACHMENTS (Check All That Apply):

- Site Photos
- Chain of Custody Sheet(s) for Sediment Sampling
- Analytical Results of Sediment Sample(s)
- Chain of Custody Sheet(s) for Water Column Sampling
- Analytical Results of Water Column Sample(s)
- Flow Measurement Model
- Volume Measurement Model (Existing Condition)
- Wetland Land Assessment Scoring Sheet (Existing Condition)
- Wetland Land Recovery Assessment Scoring Sheet (Maintained Storm water facility)
- Sieve Analysis Laboratory Results
- Sediment Pollutant Loading Model (Load Removal in Sediment)
- Potential Water Quality Impacts Model and Comparison to Benefits
- Potential Mitigation Efforts Model

SITE PHOTOS

Date of Site Visit:

See notes below for picture locations and orientation.

1.	2.
----	----

3.	4.
----	----

Notes: _____

SITE PHOTOS

Date of Site Visit:

See notes below for picture locations and orientation.

5.	6.
----	----

7.	8.
----	----

Notes: _____

SITE PHOTOS

Date of Site Visit:

See notes below for picture locations and orientation.

5.	6.
----	----

7.	8.
----	----

Notes: _____

CHAIN OF CUSTODY SHEET(S) FOR SEDIMENT SAMPLING CONDITION

ANALYTICAL RESULTS OF SEDIMENT SAMPLE(S)

CHAIN OF CUSTODY SHEET(S) FOR WATER COLUMN SAMPLING

ANALYTICAL RESULTS OF WATER COLUMN SAMPLE(S)

FLOW MEASUREMENT MODEL

VOLUME MEASUREMENT MODEL (EXISTING CONDITION)

WETLAND LAND ASSESSMENT SCORING SHEET (EXISTING CONDITION)

**WETLAND LAND RECOVERY ASSESSMENT SCORING SHEET (MAINTAINED
STORM WATER FACILITY)**

SIEVE ANALYSIS LABORATORY RESULTS

SEDIMENT POLLUTANT LOADING MODEL (LOAD REMOVAL IN SEDIMENT)

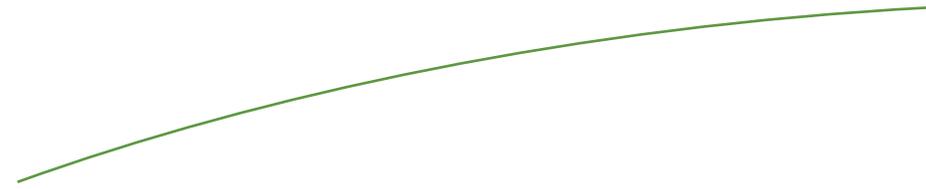
**POTENTIAL WATER QUALITY IMPACTS MODEL AND COMPARISON
TO BENEFITS**

POTENTIAL MITIGATION EFFORTS MODEL



Appendix H

INDIVIDUAL NOISE ASSESSMENT REPORT
FORM



INDIVIDUAL NOISE ASSESSMENT REPORT

Site Name/Facility: _____

Master Program Map No.: _____

Date: _____

Acoustician Name: _____

Instructions: This form must be completed in its entirety for each target facility identified in the Annual Maintenance Needs Assessment report when the potential exists for sensitive wildlife to occur within 750 feet of a proposed maintenance activity. If no sensitive species are expected within 750 feet of maintenance, only the first two rows under the Existing Conditions section must be completed. Attach additional sheets as needed.

EXISTING CONDITIONS
Survey Methods and Date:
Are there sensitive wildlife species within 750 feet of proposed maintenance? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, no further assessment of noise impacts from maintenance is required. If yes, the rest of this form must be completed.
Sensitive Wildlife Observed/Detected: Describe sensitive wildlife anticipated to occur within 750 feet of maintenance that were observed and the closest distance to proposed maintenance.
MAINTENANCE IMPACTS
List the equipment to be used during maintenance and anticipated noise levels associated with each. Calculate the combined maximum hourly noise level associated with simultaneous operation of equipment during maintenance. Estimate the distance to the 60 dBA Leq including existing ambient noise sources affecting the maintenance area.

Would sensitive wildlife receptors be affected by maintenance noise in excess of 60 dBA Leq?

Yes No

If yes, identify the wildlife species and discuss their sensitivity to maintenance noise.

MITIGATION

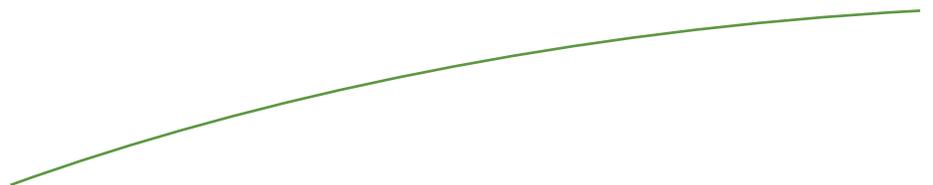
What mitigation measures would be required to avoid adverse impacts to sensitive wildlife (e.g. barriers or limitations on hours of operation)?

ADDITIONAL COMMENTS OR RECOMMENDATIONS



Appendix I

INDIVIDUAL MAINTENANCE ACTIVITY
REPORT FORM



INDIVIDUAL MAINTENANCE ACTIVITY REPORT

Site Name/Facility: _____
Master Program
Map No: _____
Dates: START _____ COMPLETION _____ REPORT _____
Preparer Name: _____

Instructions: This form must be completed following any work done at a storm water facility. Attach additional sheets if needed.

Description of Work (e.g., routine, re-occurring; also note general frequency maintenance at this site): 	
Street Name: _____ Latitude: _____ Longitude: _____	Work Orientation from Street (N, S, E, W): Location Between Street _____ and Street _____
Maintenance Facility Type: <input type="checkbox"/> Stream <input type="checkbox"/> Roadside Ditch <input type="checkbox"/> Spillway <input type="checkbox"/> Culvert <input type="checkbox"/> Detention Basin <input type="checkbox"/> Other: _____	Additional Description:
Work within drainage/creek: Length: _____ (How many linear feet were cleared)	Name of drainage/creek: Width (FT): _____ Area (SQ FT): _____ Depth (FT): _____
Is the creek lined: Yes <input type="checkbox"/> No <input type="checkbox"/> Notes: 	Lining Type: <input type="checkbox"/> Concrete lined both sides, bottom <input type="checkbox"/> Earthen, both sides, bottom <input type="checkbox"/> Riprap sides, earth bottom <input type="checkbox"/> Concrete sides, earth bottom <input type="checkbox"/> Other type: _____
Silt/Sand Removal: Length: _____ (How many linear feet were cleared of silt/sand)	Describe cause of silt/sand:
Debris Removal: Length: _____ (How many linear feet were cleared of debris)	Describe debris and cause:
Were any toxic materials found: Yes <input type="checkbox"/> No <input type="checkbox"/> List toxics: Hazardous Material Manifest: _____	Were more than 9 tires recovered? Yes <input type="checkbox"/> No <input type="checkbox"/> CTL Number: _____
Access via previously disturbed area: Yes <input type="checkbox"/> No <input type="checkbox"/>	Access route: Maintenance Equipment Used:
Vegetation Removal: Length: _____ (How many linear feet were cleared of vegetation)	Types of Vegetation Removed: (Indicate bush, trees, plants, grasses, list diameter of trunk at 4' height)

SITE PHOTOS

<p style="text-align: center;">Attach 1st of 2 pictures BEFORE work, include upstream and downstream views.</p> <p>Note: if resources at site are flagged or staked to limit impacts to sensitive areas, also include pictures showing the measures that were installed.</p>	<p style="text-align: center;">Attach 2nd of 2 pictures BEFORE work, include upstream and downstream views.</p>
--	--

PHOTO NOTES:

<p style="text-align: center;">Attach 1st of 2 pictures AFTER work, include upstream and downstream views.</p>	<p style="text-align: center;">Attach 2nd of 2 pictures AFTER work, include upstream and downstream views.</p>
---	---

PHOTO NOTES:

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