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San Francisco Bay Regional Water Quality Control Board
Sanitary Sewer Overflow Control Program

SSMP Form B-1:
Notification Form To Indicate Completion of First Set of
Sewer System Management Plan (SSMP) Elements

Return this form to the Regional Water Quality Control Board at the following address by August 31, 2006. You may email a PDF file of this form, mail the form, or fax the form.

Attention: Michael Chee
San Francisco Bay Regional Water Quality Control Board
1515 Clay Street, Suite 1400
Oakland, CA 94612
Email: mchee@waterboards.ca.gov
Fax: (510) 622-2460

Name of Agency CITY OF BENICIA

Agency Contact Person MICHAEL THRONE

Contact Person Phone Number 707-746-4240

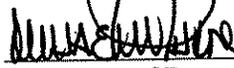
Contact Person Email michael.throne@ci.benicia.ca.us

First Set of SSMP Elements

SSMP Item	Required Completion Date
<ul style="list-style-type: none">• Goals• Organization• Emergency Response Plan• FOG Control Program	August 31, 2006

Certification:

I certify that my agency has completed the Sewer System Management Plan (SSMP) elements as specified above. The document(s) comprising these elements are on file at our agency's offices.


Signature of Responsible Agency Representative

AUGUST 30, 2006
Date

Michael Throne, P.E. City Engineer
Print Name and Title

San Francisco Bay Regional Water Quality Control Board
Sanitary Sewer Overflow Control Program

SSMP Form B-2:
Notification Form To Indicate Completion of Second Set of
Sewer System Management Plan (SSMP) Elements

Return this form to the Regional Water Quality Control Board at the following address by August 31, 2007. You may email a PDF file of this form, mail the form, or fax the form.

Attention: Michael Chee
San Francisco Bay Regional Water Quality Control Board
1515 Clay Street, Suite 1400
Oakland, CA 94612
Email: mchee@waterboards.ca.gov
Fax: (510) 622-2460

Name of Agency City of Benicia
Agency Contact Person Michael Throne, City Engineer
Contact Person Phone Number 707 746-4240
Contact Person Email Michael.Throne@ci.benicia.ca.us

Second Set of SSMP Elements

SSMP Item	Required Completion Date
<ul style="list-style-type: none">• Legal Authority• Measures and Activities• Design and Construction Standards	August 31, 2007

Certification:

I certify that my agency has completed the Sewer System Management Plan (SSMP) elements as specified above. The document(s) comprising these elements are on file at our agency's offices.


Signature of Responsible Agency Representative

AUGUST 31, 2007
Date

Michael Throne, PE, City Engineer
Print Name and Title

San Francisco Bay Regional Water Quality Control Board
Sanitary Sewer Overflow Control Program

SSMP Form B-3:
Notification Form To Indicate Completion of Third (and Last) Set of
Sewer System Management Plan (SSMP) Elements

Return this form to the Regional Water Quality Control Board at the following address by August 31, 2008. You may email a PDF file of this form, mail the form, or fax the form.

Attention: Michael Chee
San Francisco Bay Regional Water Quality Control Board
1515 Clay Street, Suite 1400
Oakland, CA 94612
Email: mchee@waterboards.ca.gov
Fax: (510) 622-2460

Name of Agency City of Benicia

Agency Contact Person Michael Throne

Contact Person Phone Number 707 746-4240

Contact Person Email Michael.Throne@ci.benicia.ca.us

Third Set of SSMP Elements

SSMP Item	Required Completion Date
<ul style="list-style-type: none">• Capacity Management• Monitoring, Measurement, and Program Modifications• SSMP Audits	August 31, 2008

Certification:

I certify that my agency has completed the Sewer System Management Plan (SSMP) elements as specified above. The document(s) comprising these elements are on file at our agency's offices.


Signature of Responsible Agency Representative

August 29, 2008
Date

Michael Throne, City Engineer
Print Name and Title