

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
SANTA ANA REGION
(Region 8)

SUPPLEMENTAL ENVIRONMENTAL PROJECT (SEP)
Certificate of Completion

The following information is provided as proof of completion of the SEP project described below.

Project Proponent: _____

Contact Person: _____

Phone () _____ E-Mail _____

Name of Project: _____

Project Summary: (you may attach a final project report or additional sheets for project summary)

Date Project Started: _____

Date of Completion: _____

SEP Money Allocated for the Project: _____

Enforcement Order No. and Name of Discharger: _____

Date the Amount Was Sent to Project Proponent: _____

Total Project Cost (including funds from other sources): \$ _____

How was the SEP Fund Used for This Project?

Overhead/Management \$ _____

Design/Consultation \$ _____

Construction/Implementation \$ _____

Lab and analytical costs \$ _____

Other expenses (explain) \$ _____

Total Project Cost (SEP \$ only) \$ _____

On behalf of the Project Proponent receiving SEP funding, I certify that the entire amount of the SEP funding received has been used for the project as indicated above. I also certify that the portion of the project for which this SEP funding was earmarked has been completed.

SIGNATURE: _____ ***Date:*** _____

Name: _____ ***Position:*** _____

(If a final copy of the report of the project is available, include a copy with this certification; provide copies of receipts, invoices, etc. to substantiate the expenses.)