



City of Oceanside  
 Engineering Division  
 300 N. Coast Hwy  
 Oceanside, CA 92054  
 (760) 435-5097

# Urban Runoff Threat Assessment Form

Project Name:		APN#:	Plan ID No:
Project Address:			File No.
Owner Name	Owner Address		Owner Phone No:
Owner E-mail:			
Permit Applicant Name:		Applicant Address:	Applicant Phone No:
Applicant E-mail:			
Permit Applicant Affiliation <input type="checkbox"/> Property Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Agent <sup>1</sup> <input type="radio"/> For Owner <input type="radio"/> For Contractor <small><sup>1</sup>Agents must have Signature Authorization</small>			
1	Project Size	Estimated Acreage of Disturbed Soil (Area in square feet _____ ÷ 43,560)	<input type="text"/> Acres
2	Planned Period of Grading / Soil Disturbance	Grading / Soil Disturbance will take place between Oct. 1 <sup>st</sup> and May 1 <sup>st</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Vicinity of the Project to Environmentally Sensitive Waters	The project is tributary to or adjacent to environmentally sensitive water bodies within the City.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Presence of Significant Erodible Slopes	The project includes significant erodible slopes as described in Table 1 of the <i>Construction Urban Runoff Requirements Manual</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Potential to Produce Significant Non-Storm Water Discharges or Pollutants	The project has the potential to produce non-storm water discharges or pollutants.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Project Type - Estimated Amount of Impervious Surface to be Created (driveways, parking area, walkways, other concrete or asphalt surfaces)	Area of impervious surface <input type="text"/> sq. ft. Project will create more than 5,000 sq. ft. of impervious surface area.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Assigned Project Prioritization	Project Prioritization as determined per Table 2 of the <i>Construction Urban Runoff Requirements Manual</i> .	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
The information provided above is based on my personal knowledge and/or consultation with qualified consultants and is true and correct to the best of my knowledge. I assume full responsibility for the accuracy of this information and any consequences resulting from it.			
Applicant Name (Print):		Applicant Signature:	Date:

**\*\* Please send copy of the completed form to the Water Utilities Department, Clean Water Division**