Appendix A

Notices of Intent from Each Member Entity

	1. [X] Nev	w Permittee	2. [] Ch	ange of Information W	DID #:	
Agency Informatio	n					
County of Monterey	,					
B. Contact Person Elizabeth Krafft		-		C. Title Program Manage	r	-
D. Mailing Address P.O. Box 930				E. Address (line 2)		
F. City Salinas		State	G. Zij			H. County Monterey
I. Phone (831) 755-4864	J. FAX (831) 424	4-7935	K. En	nail Address		
L. Operator Type (d						
1. [] City 2. [x] Co	unty 3. [] 5	State 4. [] Fe	ederal	[]Special District	6. [] Governme	ent Combination
Billing Information A. Agency						
A. Agency Same as above				I C. Title		
A. Agency				C. Title Same as above		
A. Agency Same as above B. Contact Person Same as above D. Mailing Address				Same as above E. Address (line 2)		
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above				Same as above E. Address (line 2) Same as above		
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City		State	G. Zij	Same as above E. Address (line 2) Same as above		H. County
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above	J. FAX	CA	Same	Same as above E. Address (line 2) Same as above		
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above	J. FAX	CA	K. En Same	Same as above E. Address (line 2) Same as above p as above hail Address as above		Same as abor
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above L. Population	J. FAX Same a	CA as above	K. En Same	Same as above E. Address (line 2) Same as above e as above mail Address e as above in greater than 250,000	0	Same as abo
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above	J. FAX Same a	CA as above [] the right []	K. En Same Population	Same as above E. Address (line 2) Same as above e as above mail Address e as above in greater than 250,00 in between 200,000 ar	0nd 249,999	\$20,00 \$17,50
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above L. Population	J. FAX Same a	as above	K. En Same Populatio Populatio Populatio	Same as above E. Address (line 2) Same as above e as above mail Address e as above in greater than 250,00 in between 200,000 ar in between 150,000 ar	0 nd 249,999 nd 199,999	\$20,000 \$17,50 \$15,00
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above L. Population	J. FAX Same a	as above [] the right []	K. En Same Populatio Populatio Populatio Populatio	Same as above E. Address (line 2) Same as above e as above mail Address e as above in greater than 250,00 in between 200,000 ar in between 150,000 ar in between 100,000 ar in between 100,000 ar	0d 249,999d 199,999dd 149,999dd	\$20,00 \$17,50 \$15,00 \$12,50
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above L. Population	J. FAX Same a	cA as above the right [] []	Same K. En Same Populatio Populatio Populatio Populatio Populatio	Same as above E. Address (line 2) Same as above as above nail Address as above n greater than 250,00 n between 200,000 ar n between 150,000 ar n between 150,000 ar n between 75,000 ar n	0	\$20,00 \$17,50 \$15,00 \$12,50 \$10,00
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above L. Population	J. FAX Same a	as above	K. En Same Populatio Populatio Populatio Populatio Populatio	Same as above E. Address (line 2) Same as above e as above hail Address e as above in greater than 250,00 in between 150,000 ar in between 150,000 ar in between 150,000 ar in between 50,000 ar in be	0	\$20,000 \$20,000 \$17,500 \$12,500 \$17,500 \$7,500
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above L. Population	J. FAX Same a	as above [] the right [] [] [] [] [] [X]	K. En Same Populatio Populatio Populatio Populatio Populatio Populatio	Same as above E. Address (line 2) Same as above e as above e as above en ail Address e as above en greater than 250,000 en between 200,000 are en between 150,000 are en between 75,000 and en between 50,000 and en between 25,000 and	0	\$20,000 \$17,500 \$10,000 \$7,500 \$5,000
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above L. Population	J. FAX Same a	as above the right [] [] [] [] [] [] [] [] [] [Same K. En Same Populatio Populatio Populatio Populatio Populatio Populatio Populatio Populatio Populatio	Same as above E. Address (line 2) Same as above e as above as above as above as above as above as above between 200,000 ar abotween 100,000 ar abotween 150,000 and abotween 50,000 and abotween 50,000 and abotween 25,000 and abotween 10,000 and	0	\$20,000 \$20,000 \$17,500 \$12,50 \$17,500 \$7,500 \$5,000 \$3,000
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above L. Population	J. FAX Same a	as above [] the right [] [] [] [] [] [X]	Same K. En Same Populatio	Same as above E. Address (line 2) Same as above e as above e as above en ail Address e as above en greater than 250,000 en between 200,000 are en between 150,000 are en between 75,000 and en between 50,000 and en between 25,000 and	0	\$20,000 \$17,500 \$15,000 \$12,500 \$10,000 \$7,500 \$5,000 \$3,000 \$2,000

Permit	Type
	Permit

VIII.

- Applying for Individual General Permit Coverage
- 2. [X] Applying for a permit with one or more co-permittees

The undersigned agree to work as co-	permittees in imp	lementing	a complete small MS4 storm water	r program. The program
must comply with the requirements fou	nd in Title 40 of t	he Code		
sheets, if necessary. Each co-permitte	e must complete	a NOI.		
Lead Agency	Signature		2	
Monterey Regional Water Pollution		11	0 ()	
Control Agency	N	u	1- dones	
Agency	Signature		E 11	
County of Monterey	Deu	escabo	Cimant	
Agency	Signature			
See attached NOIs from the eight other	-			
co-permittees				
Agency	Signature			
 [] Separate Implementing Entity 	(SIE)			
A. Agency				
B. Contact Person		_	C. Title	
D. Mailing Address	<u> </u>		E. Address (line 2)	
F. City S	State	G. Zip		H. County
	CA			Th. County
I. Phone J. FAX		K. Ema	ail Address	
L. Operator Type (Check one) 1. [] City 2. [] County 3. [] State	4. [] Fede	eral	5. []Special District 6. [] Gover	nment Combination
"I agree to coordinate with the agency is I certify under penalty of law that this do accordance with a system designed to a Based on my inquiry of the person or peinformation to the best of my knowledge there are significant penalties for submit certify that the provisions of the permit, Program, will be complied with."	ocument and all a assure that qualit ersons who mana a and belief, the i tting false inform	attachme fied perso age the s nformation ation, inc	ents were prepared under my directionnel properly gather and evaluate ystem, or those persons directly reson submitted is true, accurate, and obtaining the possibility of fine and implications.	on and supervision in the information submitted. sponsible for gathering the complete. I am aware that prisonment. Additionally, I
N. Signature of Official			Date	
Storm Water Management Plan (C [x] As per section A.2. of this General		SWMP is	at-	
Certification	la da sur t	اماً ملاد	hmonto wore proposed wilder	ireation and committee 's
I certify under penalty of the law that the				
accordance with a system designed to a				
Based on my inquiry of the person or pe	rsons who mana	ige the s	ystem, or those persons directly re	sponsible for gathering the
nformation, to the best of my knowledg				
hat there are significant penalties for su				
Additionally, I certify that the provisions	or the permit, inc	ciuaing th	ne development and implementatio	ii oi a storm vvater
Management Program, will be complied	with."	_		
A. Printed Name: Elizabeth	RAFF+ F	26	FERMANDO ARMENTA	
Title:				2 2 - 40
- Inc. Donaco- Mason		DIECL .	monterey county	
C. Signature:	1365	SHAR	Monterey County D. Date:	By of 2016EMY
C. Signature:	Fenanda		D. Date:	36 3003 BG OL 2016EMYS
C. Signature:	1		D. Date:	V

Agency Information	,					
A. Agency						
City of Pacific Grove	<u> </u>					8
B. Contact Person				C. Title	M. 1 . 10:1 . F	
Stephen J. Leiker, Pl	<u> </u>			Director of Public E. Address (line 2)		ngineer
D. Mailing Address 2100 Sunset Drive				E. Address (line 2)		
F. City		State	G. Zip			H. County
Pacific Grove		CA	93950			Monterey
I. Phone	J. FAX		K. Ema	ail Address		
(831) 648-5722	(831) 375	5-0627	Sleiker	@ci.pacific-grove.c	ca.us	
 L. Operator Type (ch 						
1. [x] City 2. [] Count	ty3.[]S	tate 4. [] Fe	deral	5. []Special District	6. [] Govern	ment Combination
Permit Area	-i 6 4b - C	N (D 15 - O				
Jurisdictional bounda	ines of the C	ally of Pacific Gr	ove	_		
Billing Information						
A. Agency						
A. Agency Same as above						
A. Agency Same as above B. Contact Person				C. Title		
A. Agency Same as above B. Contact Person Same as above				Same as above		
A. Agency Same as above B. Contact Person Same as above D. Mailing Address				Same as above E. Address (line 2)		
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above		State	G. Zip	Same as above		H. County
A. Agency Same as above B. Contact Person Same as above D. Mailing Address		State CA	G. Zip Same	Same as above E. Address (line 2)		H. County Same as abov
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above	J. FAX	197.477.779	Same	Same as above E. Address (line 2) Same as above		
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City		CA as above	Same K. Ema Same	Same as above E. Address (line 2) Same as above as above ail Address as above		Same as above
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above Population	Same a	CA as above	K. Ema Same Population	Same as above E. Address (line 2) Same as above as above ail Address as above greater than 250,00	0	Same as abo
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above	Same a	ca as above [] the right []	Same K. Ema Same Population Population	Same as above E. Address (line 2) Same as above as above ail Address as above greater than 250,00 between 200,000 ar	0nd 249,999	Same as abor \$20,000 \$17,50
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above Population	Same a	es above	Same K. Ema Same Population Population Population	Same as above E. Address (line 2) Same as above as above ail Address as above greater than 250,00 between 200,000 ar between 150,000 ar	0nd 249,999	\$20,000 \$17,50 \$15,00
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above Population	Same a	ca as above	K. Ema Same Population Population Population Population	Same as above E. Address (line 2) Same as above as above ail Address as above greater than 250,00 between 200,000 ar between 150,000 ar between 100,000 ar	0nd 249,999nd 199,999nd 149,999	\$20,000 \$17,50 \$15,00 \$12,50
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above Population	Same a	ca as above	Same K. Ema Same Population Population Population Population Population	Same as above E. Address (line 2) Same as above as above ail Address as above greater than 250,00 between 200,000 ar between 150,000 ar between 150,000 ar between 75,000 and	0 nd 249,999 nd 199,999 nd 149,999 d 99,999	\$20,000 \$17,500 \$15,000 \$12,500 \$10,000
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above City Same as above Phone Same as above Population	Same a	ca as above	Same K. Ema Same Population Population Population Population Population Population Population	Same as above E. Address (line 2) Same as above as above all Address as above greater than 250,00 between 200,000 ar between 150,000 ar between 75,000 and between 50,000 and between 50,000 and	0nd 249,999nd 199,999d 199,999d 74,999d	\$20,000 \$17,500 \$15,000 \$12,500 \$10,000 \$7,500
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above City Same as above Phone Same as above Population	Same a	ca as above	Same K. Ema Same Population Population Population Population Population Population Population Population Population	Same as above E. Address (line 2) Same as above as above all Address as above greater than 250,00 between 200,000 ar between 150,000 ar between 75,000 and between 50,000 and between 50,000 and between 50,000 and between 25,000 and	0nd 249,999nd 199,999d 149,999d 74,999d 49,999d	\$20,000 \$17,500 \$15,000 \$12,500 \$10,000 \$7,500 \$5,000
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above City Same as above Phone Same as above Population	Same a	ca sabove [] [] [] [] [] [] [] [] [] [x]	Same K. Ema Same Population	Same as above E. Address (line 2) Same as above as above all Address as above greater than 250,00 between 200,000 ar between 150,000 ar between 75,000 and between 50,000 and between 50,000 and between 25,000 and between 10,000 and between 10,000 and	0nd 249,999nd 199,999d 149,999d 74,999d 49,999d 49,999d	\$20,000 \$17,500 \$15,000 \$10,000 \$7,500 \$5,000 \$3,000
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above Population	Same a	ca as above	Same K. Ema Same Population	Same as above E. Address (line 2) Same as above as above all Address as above greater than 250,00 between 200,000 ar between 150,000 ar between 75,000 and between 50,000 and between 50,000 and between 50,000 and between 25,000 and	0	\$20,000 \$17,500 \$15,000 \$10,000 \$7,500 \$5,000 \$3,000 \$2,000

VI.	Permit	Type

VIII.

[] Applying for Individual General Permit Coverage

2. [x] Applying for a permit with	one or more co-per	rmittees		
The undersigned agree to work as comust comply with the requirements fineets, if necessary. Each co-permit	ound in Title 40 of t	the Code	a complete small MS4 storm water of Federal Regulations, parts 122.3	program. The program 2. Attach additional
Lead Agency Monterey Regional Water Pollution Control Agency	Signature	Color	t S. Joquer	
Agency City of Pacific Grove	Signature	X	Darkey O	
Agency See attached NOIs from the eight off co-permittees				-
Agency	Signature			
[] Separate Implementing En	tity (SIE)			
A. Agency				
B. Contact Person			C. Title	
D. Mailing Address			E. Address (line 2)	
F. City	State CA	G. Zip	_	H. County
I. Phone J. FAX		K. Ema	ail Address	
L. Operator Type (Check one) 1. [] City 2. [] County 3. [] St	ate 4. [] Fed	eral_	5. []Special District 6. [] Govern	nment Combination
Minimum Control Measures being im [] Public Education [] Construction	[] Public I	SIE (chec Involveme onstruction	ent [] Illicit Disc	charge/Elimination susekeeping
"I agree to coordinate with the agency I certify under penalty of law that this accordance with a system designed to Based on my inquiry of the person or information to the best of my knowled there are significant penalties for sub certify that the provisions of the permanerm Program, will be complied with."	document and all a o assure that quality persons who mana lge and belief, the it mitting false inform	attachme fied perso age the si information nation, inc	nts were prepared under my direction onnel properly gather and evaluate by ystem, or those persons directly reson on submitted is true, accurate, and of cluding the possibility of fine and imp	on and supervision in the information submitted, sponsible for gathering the complete. I am aware that prisonment. Additionally, I
N. Signature of Official			Date	
Storm Water Management Plan [X] As per section A.2. of this Gen		SWMP is	s attached.	
Certification				
"I certify under penalty of the law that accordance with a system designed to Based on my inquiry of the person or information, to the best of my knowled that there are significant penalties for Additionally, I certify that the provision	o assure that quality persons who mana dge and belief, the submitting false in as of the permit, inc	fied perso age the s information formation	onnel properly gather and evaluate ystem, or those persons directly res ion submitted is true, accurate, and n, including the possibility of fine an	the information submitted sponsible for gathering the complete. I am aware ad imprisonment.
Management Program, will be complied A. Printed Name: Stephen J. L.				
B. Title: Director of P	ublic Works/City E	ngineer		
C. Signature:			D. Date: Febru	ary 26, 2003

(Mark only one item)	1. [x] New	Permittee	2. [] Char	ige of Information Wi	DID #: 	
Agency Information	on					
A. Agency						
City of Monterey				O T'H-		
B. Contact Person Jennifer Gonzalez				C. Title Associate Civil Er	aginoor	
D. Mailing Address				E. Address (line 2)		
Public Works Depa	rtment			City Hall		
F. City		State	G. Zip	ung man		H. County
Monterey		CA	93940			Monterey
I. Phone	J. FAX		K. Ema	il Address		
(831)646-3920	(831) 646	-3902	JGonza	ale@ci.monterey.c	a.us	
L. Operator Type (check one):		25 ON			
1. [x] City 2. [] Cou	inty 3. [] Si	tate 4. [] Fe	deral	5. []Special District	6. [] Govern	ment Combination
Billing Information A. Agency						
See Figure 3-1 Billing Information A. Agency Same as above B. Contact Person	-			C. Title		
Billing Information A. Agency Same as above				C. Title Same as above		
Billing Information A. Agency Same as above B. Contact Person Same as above D. Mailing Address				Same as above E. Address (line 2)		
Billing Information A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above				Same as above		
Billing Information A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City		State	G. Zip	Same as above E. Address (line 2) Same as above		H. County
Billing Information A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above		State CA	Same a	Same as above E. Address (line 2) Same as above as above		H. County Same as above
Billing Information A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone	J. FAX	CA	Same a	Same as above E. Address (line 2) Same as above as above il Address		
Billing Information A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above		CA s above	K. Ema Same a	Same as above E. Address (line 2) Same as above as above il Address as above		Same as above
Billing Information A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above L. Population	J. FAX Same as	CA s above	Same a K. Ema Same a	Same as above E. Address (line 2) Same as above as above il Address as above greater than 250,000	0	Same as above
Billing Information A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above	J. FAX Same as	CA s above	Same a K. Ema Same a Population	Same as above E. Address (line 2) Same as above as above il Address as above greater than 250,000 between 200,000 ar	0d 249,999	Same as above
Billing Information A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above I. Population	J. FAX Same as	CA s above [] e right []	Same a K. Ema Same a Population Population	Same as above E. Address (line 2) Same as above as above il Address as above greater than 250,000 between 200,000 ar between 150,000 ar	0d 249,999d 199,999	\$20,000 \$17,500 \$15,000
Billing Information A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above I. Population	J. FAX Same as	s above	Same a K. Ema Same a Population Population Population	Same as above E. Address (line 2) Same as above as above il Address as above greater than 250,000 between 200,000 ar between 150,000 ar between 100,000 ar	0d 249,999d 199,999d 149,999	\$20,000 \$17,500 \$15,000 \$12,500
Billing Information A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above L. Population	J. FAX Same as	s above	Same a K. Ema Same a Population Population Population Population Population	Same as above E. Address (line 2) Same as above as above il Address as above greater than 250,000 between 200,000 ar between 150,000 ar between 75,000 and between 75,000 and	0d 249,999d 199,999d 149,999d	\$20,000 \$17,500 \$15,000 \$12,500 \$10,000
Billing Information A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above L. Population	J. FAX Same as	s above	Same a K. Ema Same a Population Population Population Population Population Population Population Population	Same as above E. Address (line 2) Same as above as above il Address as above greater than 250,000 between 200,000 ar between 150,000 ar between 75,000 and between 50,000 and between 50,000 and	0d 249,999d 199,999d 149,999d 174,999	\$20,000 \$17,500 \$15,000 \$12,500 \$10,000 \$7,500
Billing Information A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above I. Population	J. FAX Same as	ca s above e right [] [] [] [] [] [] [] [] [] [] [] [] []	Same a K. Ema Same a Population	Same as above E. Address (line 2) Same as above as above il Address as above greater than 250,000 between 200,000 arb between 150,000 arb between 75,000 and between 50,000 and between 50,000 and between 25,000 and	0d 249,999d 199,999d 149,999	\$20,000 \$17,500 \$15,000 \$12,500 \$10,000 \$7,500 \$5,000
Billing Information A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above I. Population	J. FAX Same as	CA s above e right [] [] [] [] [] [] [] [] [] [Same a K. Ema Same a Population	Same as above E. Address (line 2) Same as above as above il Address as above greater than 250,000 between 200,000 ar between 150,000 ar between 75,000 and between 50,000 and between 50,000 and	0d 249,999d 199,999d 149,999d 174,999d 149,999d 149,999d 124,999d 124,999d 124,999d 199,999d 199,9999d 199,999d 199,999.	\$20,000 \$17,500 \$15,000 \$12,500 \$10,000 \$7,500 \$5,000 \$3,000

VI.	Permit Type
VI.	remit Type

VIII.

[] Applying for Individual General Permit Coverage

2. [x] Applying for a permit with	one or more co-per	mittees		
The undersigned agree to work as compust comply with the requirements for				
sheets, if necessary. Each co-permi				
Lead Agency	Signature	1 .	\sim	
Monterey Regional Water Pollution	1	del	- (
Control Agency	Signa	Mary.	- degens	
Agency City of Monterey	Signature	1 al		
Agency	Signature	- Com		
See attached NOIs from the eight of co-permittees				
Agency	Signature			
[] Separate Implementing En	tity (SIE)			
A. Agency				
B. Contact Person		_	C. Title	
D. Mailing Address			E. Address (line 2)	
F. City	State CA	G. Zip		H. County
I. Phone J. FAX		K. Ema	ail Address	•
L. Operator Type (Check one) 1. [] City 2. [] County 3. [] St	ate 4. [] Fede	eral	5. []Special District 6. [] Govern	ment Combination
Minimum Control Measures being im [] Public Education [] Construction	[] Public li	IE (chec nvolveme onstructio	ent [] Illicit Disc	harge/Elimination usekeeping
"I agree to coordinate with the agency I certify under penalty of law that this accordance with a system designed to Based on my inquiry of the person or information to the best of my knowled there are significant penalties for subscertify that the provisions of the permit Program, will be complied with."	document and all a o assure that qualif persons who mana ge and belief, the in mitting false informa	ittachmentied personage the synformatic ation, inc	nts were prepared under my direction onnel properly gather and evaluate the ystem, or those persons directly reson on submitted is true, accurate, and co- luding the possibility of fine and imp	n and supervision in he information submitted. ponsible for gathering the omplete. I am aware that risonment. Additionally, I
N. Signature of Official			Date	
Storm Water Management Plan [X] As per section A.2. of this Gen		SWMP is	s attached.	
Certification				
"I certify under penalty of the law that				
accordance with a system designed to				
Based on my inquiry of the person or information, to the best of my knowled that there are significant penalties for	ge and belief, the i	nformation	on submitted is true, accurate, and on submitted is true, accurate, and on including the possibility of fine and	complete. I am aware I imprisonment.
Additionally, I certify that the provision		luaing th	e development and implementation	or a Storm Water
A. Printed Name: W.E. Reichm			-	
	$\overline{}$			
B. Title: Director of Pu	IDIIC/VVOIK9			
C. Signature:	Cent		D. Date: Februa	ary 21, 2003

Phone
ty of Marina Contact Person Inarles Johnson Mailing Address 1 Hillcrest Avenue City State CA 93933 H. County Indiana Address 1 Hillcrest Avenue City State CA 93933 Monterey Phone J. FAX K. Email Address Operator Type (check one): (x) City 2. [] County 3. [] State 4. [] Federal 5. [] Special District 6. [] Government Combination rmit Area risdictional boundaries of the City of Marina undaries of Coverage (Include a site map with the submittal) e Figure 3-1 Iling Information Agency me as above Mailing Address me as above Mailing Address me as above CA Same as above Phone J. FAX me as above Same as above Population as check the corresponding box on the right [] Population between 120,000 and 149,999. \$15,500 [] Population between 150,000 and 149,999. \$15,500 [] Population between 150,000 and 149,999. \$15,500 [] Population between 150,000 and 149,999. \$15,500
Contact Person Mailing Address 1 Hillcrest Avenue City State CA 93933 Monterey Phone J. FAX 1/3 884-1212 x218 (831) 384-0425 Cjohnson@ci.marina.ca.us Operator Type (check one): x City 2. [] County 3. [] State 4. [] Federal 5. []Special District 6. [] Government Combination rmit Area risdictional boundaries of the City of Marina lundaries of Coverage (Include a site map with the submittal) e Figure 3-1 Ca
Public Works Director/City Engineer
Mailing Address Hillcrest Avenue E. Address (line 2)
1 Hillcrest Avenue City City CA G. Zip Phone State CA G. Zip State CA G. Zip State CA G. Zip State CA G. Zip State Ciphnson@ci.marina.ca.us Operator Type (check one): City City City County Geroup
City arina State CA G. Zip H. County Monterey Phone J. FAX (831) 384-0425 Cjohnson@ci.marina.ca.us Operator Type (check one): (x) City 2. [] County 3. [] State 4. [] Federal 5. []Special District 6. [] Government Combination rmit Area risdictional boundaries of the City of Marina undaries of Coverage (Include a site map with the submittal) e Figure 3-1 C. Title Same as above Same as above Mailing Address E. Address (line 2) Same as above Same as above City State CA Same as above Same as above Cate CA Same as above Same as above Phone J. FAX Same as above Same as above Population Same as above Same as above Population greater than 250,000 and 249,999 \$17,500 [] Population between 100,000 and 149,999 \$17,500 [] Population between 150,000 and 149,999 \$12,500 [] Population between 150,000 and 149,999
Agnina CA 93933 Monterey Phone J. FAX K. Email Address Cjohnson@ci.marina.ca.us Coperator Type (check one): City 2. County 3. State 4. Federal 5. Special District 6. Government Combination
Phone J1 884-1212 x218 J. FAX (831) 384-0425 Cjohnson@ci.marina.ca.us Operator Type (check one):
Operator Type (check one): x City 2. [] County 3. [] State 4. [] Federal 5. []Special District 6. [] Government Combination Trmit Area Frigure 3-1 Federal 5. []Special District 6. [] Government Combination
Operator Type (check one): x City 2. [] County 3. [] State 4. [] Federal 5. []Special District 6. [] Government Combination Truit Area risdictional boundaries of the City of Marina
State Stat
rmit Area risdictional boundaries of the City of Marina rundaries of Coverage (Include a site map with the submittal) e Figure 3-1 ling Information Agency me as above Contact Person me as above Mailing Address me as above City me as above City me as above Coty me as above
risdictional boundaries of the City of Marina Fundaries of Coverage (Include a site map with the submittal) e Figure 3-1 Iling Information Agency me as above Contact Person me as above Mailing Address me as above City me as above City The County Meas above CA Same as above Phone Phone Base as above Population Same as above Population greater than 250,000 Same as above Same as above Population between 200,000 and 249,999 \$15,000 Population between 150,000 and 149,999 \$12,500 Same as 12,500 Same as 312,500 Same as 3
Iling Information Agency me as above Contact Person Mailing Address me as above City Me as above City Me as above City Me as above City Me as above Chone Phone Phone Phone Mailing Address Ma
ling Information Agency me as above Contact Person me as above Mailing Address me as above City me as above Ca Ca Ca Ca Ca Ca Ca Ca Ca C
ling Information Agency me as above Contact Person me as above Mailing Address me as above City me as above CA Same as above Same as above Population [] Population greater than 250,000
Agency me as above Contact Person me as above C. Title Same as above Same as above Mailing Address me as above E. Address (line 2) City me as above Same as above Phone Phone me as above J. FAX Same as above Population ase check the corresponding box on the right [] Population population preater than 250,000 and 249,999 ship,000 and 199,999 ship,000 and 199,999 ship,000 and 199,999 ship,000 and 149,999 ship,00
Agency me as above Contact Person me as above C. Title Same as above Same as above Mailing Address me as above E. Address (line 2) City me as above Same as above Phone Phone me as above J. FAX Same as above Population ase check the corresponding box on the right [] Population preater than 250,000 and 249,999 ship,000 and 199,999 ship,000 and 199,999 ship,000 and 199,999 ship,000 and 199,999 ship,000 and 149,999 ship,000 and 149,9
Agency me as above Contact Person me as above C. Title Same as above Same as above Mailing Address me as above E. Address (line 2) City me as above Same as above Phone Phone me as above J. FAX Same as above Population ase check the corresponding box on the right [] Population preater than 250,000 and 249,999 ship,000 and 199,999 ship,000 and 199,999 ship,000 and 199,999 ship,000 and 199,999 ship,000 and 149,999 ship,000 and 149,9
Agency me as above Contact Person me as above C. Title Same as above Same as above Mailing Address me as above E. Address (line 2) City me as above Same as above Phone Phone me as above J. FAX Same as above Population ase check the corresponding box on the right [] Population preater than 250,000 and 249,999 ship, 500 population between 150,000 and 199,999 ship, 500 population between 150,000 and 199,999 ship, 500 population between 100,000 and 149,999 ship, 500 population between 150,000 population 149,999 ship, 500 populatio
Agency me as above Contact Person me as above C. Title Same as above Same as above Mailing Address me as above E. Address (line 2) City me as above Same as above Phone Phone me as above J. FAX Same as above Population ase check the corresponding box on the right [] Population preater than 250,000 and 249,999 ship, 500 population between 150,000 and 199,999 ship, 500 population between 150,000 and 199,999 ship, 500 population between 100,000 and 149,999 ship, 500 population between 150,000 population 149,999 ship, 500 populatio
C. Title
Contact Person C. Title me as above Same as above Mailing Address E. Address (line 2) me as above Same as above City State G. Zip H. County Phone J. FAX Same as above Same as above Phone J. FAX K. Email Address me as above Same as above Same as above Population [] Population greater than 250,000 \$20,000 ase check the corresponding box on the right [] Population between 200,000 and 249,999 \$17,500 [] Population between 150,000 and 199,999 \$15,000 [] Population between 100,000 and 149,999 \$12,500
Same as above Same as above Same as above
Mailing Address E. Address (line 2) Same as above
Same as above Same as above City State G. Zip H. County Same as above Same as
City State G. Zip H. County Phone J. FAX Same as above Same as above Population [] Population greater than 250,000 \$20,000 ase check the corresponding box on the right [] Population between 200,000 and 249,999 \$17,500 [] Population between 150,000 and 199,999 \$15,000 [] Population between 100,000 and 149,999 \$12,500
me as above CA Same as above Same as above Phone J. FAX K. Email Address me as above Same as above Same as above Population [] Population greater than 250,000
Phone
me as above Same as above Same as above Population ase check the corresponding box on the right [] Population greater than 250,000 and 249,999
Population [] Population greater than 250,000
ase check the corresponding box on the right [] Population between 200,000 and 249,999\$17,500 [] Population between 150,000 and 199,999\$15,000 [] Population between 100,000 and 149,999\$12,500
[] Population between 150,000 and 199,999\$15,000 [] Population between 100,000 and 149,999\$12,500
[] Population between 100,000 and 149,999\$12,500
[] Population between 75,000 and 99,999 \$10,000
[] Population between 50,000 and 74,999 \$7,500
[x] Population between 10,000 and 24,999 \$3,000

VIII.

Permit Type
1. [] Applying for Individual General Permit Coverage

REC'D MAY 1 0 2004

[x] Applying for a permit with one or more co-permittees

The undersigned agree to work as co				
must comply with the requirements for sheets, if necessary. Each co-permit			of Federal Regulations, parts 122.32	. Attach additional
Lead Agency	Signature	7 ,	.0	
Monterey Regional Water Pollution Control Agency	89	let	La Storier	
Agency City of Marina	Signature	Kar	leaphon	
Agency See attached NOIs from the eight oth	Signature			
co-permittees	Cinnatus			
Agency	Signature			
3. [] Separate Implementing Ent	ity (SIE)			
A. Agency				
B. Contact Person			C. Title	
D. Mailing Address			E. Address (line 2)	
F. City	State CA	G. Zip		H. County
I. Phone J. FAX		K. Ema	ail Address	
L. Operator Type (Check one) 1. [] City 2. [] County 3. [] Sta	ate 4. [] Fede	eral	5. []Special District 6. [] Govern	nment Combination
Minimum Control Measures being imp [] Public Education [] Construction "I agree to coordinate with the agency I certify under penalty of law that this accordance with a system designed to Based on my inquiry of the person or information to the best of my knowled there are significant penalties for subrectify that the provisions of the permi Program, will be complied with." N. Signature of Official	[] Public I [] Post Co ridentified in Section document and all a passure that qualifi persons who mana ge and belief, the i nitting false inform	on III of the attachment of the struction on III of the attachment of the structure of the	ent [] Illicit Disconn [] Good Ho his form and comply with its qualifying this were prepared under my direction connel properly gather and evaluate to ystem, or those persons directly resonn submitted is true, accurate, and conducting the possibility of fine and imp	on and supervision in the information submitted. ponsible for gathering the complete. I am aware that prisonment. Additionally, I
Tt. Oignature of omers.				
Storm Water Management Plan (x) As per section A.2. of this General	(Check box) eral Permit, the S	SWMP is	s attached.	
Certification				
"I certify under penalty of the law that accordance with a system designed to	this document and	all attacl	nments were prepared under my dir	ection and supervision in
Based on my inquiry of the person or	persons who mana	age the s	ystem, or those persons directly res	ponsible for gathering the
information, to the best of my knowled that there are significant penalties for	ge and belief, the	information	on submitted is true, accurate, and	complete. I am aware
Additionally, I certify that the provision	s of the permit, inc	luding th	e development and implementation	of a Storm Water
Management Program, will be complied		_		
A. Printed Name: CHARLES				
B. Title: DIRECTOR OF	PUBLICI	NOR	K.5	
B. Title: DIRECTOR OF C. Signature: Charles	thur		D. Date: 5-2	-7-04
				()

NOI Status

Agency Information	on			
A. Agency				
City of Sand City				
B. Contact Person			C. Title	
Kelly Morgan			City Administ	
D. Mailing Address			E. Address (lin	ne 2)
1 Sylvan Park				
F. City		State	G. Zip	H. County
Sand City		CA	93955	Monterey
I. Phone	J. FAX		K. Email Address	
(831) 394-6700	(831) 394	1-2472	Kelly@sandcity.org	
L. Operator Type (n area or or
1. [x] City 2. [] Con	unty3. [] S	tate 4. [] F	ederal 5. []Special Distr	ict6. [] Government Combination
Boundaries of Co				
Billing Information	1			
A. Agency	1			
A. Agency Same as above	1		LC Title	
A. Agency Same as above B. Contact Person	1		C. Title	
A. Agency Same as above B. Contact Person Same as above	1		Same as abo	
A. Agency Same as above B. Contact Person Same as above D. Mailing Address	1		Same as abo	ne 2)
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above	1	State	E. Address (lii Same as abo	ne 2) ve
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City		State	Same as about E. Address (line Same as about G. Zip	ne 2) ve H. County
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above		State CA	Same as about Same as about Same as above	ne 2) ve
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone	J. FAX	CA	Same as about Same as about Same as above K. Email Address	ne 2) ve H. County
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above	J. FAX	CA s above	G. Zip Same as above K. Email Address Same as above	ne 2) ve H. County Same as abov
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above L. Population	J. FAX Same a	cA s above	G. Zip Same as above K. Email Address Same as above Population greater than 25	H. County Same as abov
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above	J. FAX Same a	ca s above	G. Zip Same as above K. Email Address Same as above Population greater than 25 Population between 200,000	H. County Same as abov 0,000 \$20,000 0 and 249,999 \$17,500
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above L. Population	J. FAX Same a	cA s above [] he right []	G. Zip Same as above K. Email Address Same as above Population greater than 25 Population between 200,00 Population between 150,00	H. County Same as abov 0,000 \$20,000 0 and 249,999 \$17,500 0 and 199,999 \$15,000
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above L. Population	J. FAX Same a	cA s above [] he right [] []	G. Zip Same as above K. Email Address Same as above Population greater than 25 Population between 200,00 Population between 150,00 Population between 100,00	H. County Same as abov 0,000 \$20,000 0 and 249,999 \$17,500 0 and 199,999 \$15,000 0 and 149,999 \$12,500
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above L. Population	J. FAX Same a	cA s above [] he right [] [] []	Same as about E. Address (ling Same as about Same as above K. Email Address Same as above Population greater than 25 Population between 150,00 Population between 175,000 Population between 75,000 Population between 75,000	H. County Same as abov 0,000 \$20,000 0 and 249,999 \$17,500 0 and 199,999 \$15,000 0 and 149,999 \$12,500 0 and 99,999 \$10,000
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above L. Population	J. FAX Same a	cA s above [] he right [] [] []	Same as about E. Address (ling Same as about Same as above K. Email Address Same as above Population greater than 25 Population between 150,00 Population between 175,00 Population between 50,00 Population between 50,000 Popula	H. County Same as abov 0,000\$20,000 00 and 249,999\$17,500 00 and 199,999\$15,000 00 and 149,999\$12,500 0 and 74,999\$7,500
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above L. Population	J. FAX Same a	cA s above [] he right [] [] [] []	Same as above G. Zip Same as above K. Email Address Same as above Population greater than 25 Population between 200,00 Population between 150,00 Population between 75,000 Population between 50,000 Population between 25,000 Population between 25,000	H. County Same as abov 0,000 \$20,000 00 and 249,999 \$17,500 00 and 149,999 \$12,500 0 and 99,999 \$10,000 0 and 74,999 \$7,500 0 and 49,999 \$5,000
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above L. Population	J. FAX Same a	CA	Same as about E. Address (list Same as about Same as above K. Email Address Same as above Population greater than 25 Population between 150,00 Population between 150,00 Population between 50,000 Population between 25,000 Population between 25,000 Population between 10,000 Population Deliver Population	H. County Same as abov 0,000
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above L. Population	J. FAX Same a	cA s above [] he right [] [] [] []	Same as about E. Address (list Same as about Same as above K. Email Address Same as above Population greater than 25 Population between 150,00 Population between 150,00 Population between 50,000 Population between 25,000 Population between 10,000 Population between 10,000 Population between 1,000 Population between 1,000 Population between 1,000 Population between 1,000	H. County Same as abov 0,000 \$20,000 00 and 249,999 \$17,500 00 and 149,999 \$12,500 0 and 99,999 \$10,000 0 and 74,999 \$7,500 0 and 49,999 \$5,000

2. X Applying t	or a permit with	one or more co-perr	nittees			
The undersigned ag must comply with th sheets, if necessary	e requirements	ound in Title 40 of the	ne Code	a complete small MS of Federal Regulations	4 storm water s, parts 122.32	program. The program 2. Attach additional
Lead Agency Monterey Regional Control Agency	_	Signature	pt	So Jas	ques	
Agency City of Sand City		Signature	2len	Mordan		
Agency See attached NOIs co-permittees	from the eight ot	Signature		J		
Agency		Signature				
2 (1 Secretar		#H. (CIT)				
., .	mplementing Er	inty (SIE)				
A. Agency						
B. Contact Person				C. Title		
D. Mailing Address	<u> </u>			E. Address (line 2)		
F. City		State CA	G. Zip		***	H. County
I. Phone	J. FAX		K. Ema	il Address		
L. Operator Type (C 1. [] City 2. [] Co		tate 4. [] Fede	erat	[]Special District	6. [] Govern	nment Combination
Minimum Control Me	easures being im		IE (check		[] Illicit Dis	charge/Elimination
	struction		onstructio			ousekeeping
"Lagree to coordinate						ng storm water program.
I certify under penalt accordance with a sy Based on my inquiry information to the be there are significant	stem designed of the person of st of my knowled penalties for sub- ions of the perm	to assure that qualit persons who mana dge and belief, the i mitting false inform	ied personage the synformation ation, inc	nnel properly gather ystem, or those person on submitted is true, a	and evaluate ons directly res accurate, and of of fine and imp	the information submitted sponsible for gathering the complete. I am aware tha prisonment. Additionally,
I certify under penalt accordance with a sy Based on my inquiry information to the be there are significant certify that the provis	stem designed of the person of st of my knowler penalties for sub- ions of the permiplied with."	to assure that qualit persons who mana dge and belief, the i mitting false inform	ied personage the synformation ation, inc	nnel properly gather ystem, or those person n submitted is true, a luding the possibility	and evaluate ons directly res accurate, and of of fine and imp	the information submitted sponsible for gathering the complete. I am aware tha prisonment. Additionally,
I certify under penalt accordance with a sy Based on my inquiry information to the be there are significant certify that the provis Program, will be com	stem designed of the person of	to assure that qualify persons who manadge and belief, the imitting false informit, including the device. (Check box)	fied person age the synformation ation, incoveronmen	nnel properly gather ystem, or those person submitted is true, a luding the possibility t and implementation	and evaluate ons directly res accurate, and of of fine and imp	the information submitted sponsible for gathering the complete. I am aware tha prisonment. Additionally,

Management Program, will be complied with."

A. Printed Name:

B. Title: C

Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, to the best of my knowledge and belief, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Additionally, I certify that the provisions of the permit, including the development and implementation of a Storm Water

D. Date:

February 20, 2003

	1 d [] Na		0 [1 0	haran of laformatica M/D	ID #-	
(Mark only one item)) 1. [X] NE	ew Permittee	2. [] C	hange of Information WDI		
Agency Informati	on					
A. Agency						
City Of Seaside				C. Title		
B. Contact Person Diana Ingersoll				Public Works Direc	tor	
D. Mailing Address				E. Address (line 2)		
Public Works Depa	artment			P.O. Box 810		
F. City		State	G. Z		H. County	
Seaside		CA	939	55	Monterey	
I. Phone	J. FAX			mail Address		
(831) 899-6825	(831) 89	9-6311	ding	erso@ci.seaside.ca.us		
L. Operator Type ((check one):	C+++	F-4	E 110 District	6 116	
1. [x] City 2. [] Cou	unty 3. [] :	State 4.	Federal	5. []Special District	6. [] Government Combination	
D			L 4L L	:44 = I\		
Boundaries of Cov	verage (Includ	de a site map wit	h the subm	nittal)		
Boundaries of Cov See Figure 3-1	verage (Includ	de a site map wit	h the subm	nittal)		
	verage (Includ	de a site map wit	h the subm	nittal)		
	verage (Includ	de a site map wit	h the subm	iittal)		
	verage (Includ	de a site map wit	h the subm	ittal)		
See Figure 3-1		de a site map wit	h the subm	ittal)		
See Figure 3-1 Billing Information		de a site map wit	h the subm	ittal)		
See Figure 3-1 Billing Information A. Agency		de a site map wit	h the subm	ittal)		
Billing Information A. Agency Same as above		de a site map wit	h the subm			
Billing Information A. Agency Same as above B. Contact Person		de a site map wit	h the subm	C. Title		
Billing Information A. Agency Same as above B. Contact Person Same as above		de a site map wit	h the subm			
Billing Information A. Agency Same as above B. Contact Person		de a site map wit	h the subm	C. Title Same as above		
Billing Information A. Agency Same as above B. Contact Person Same as above D. Mailing Address		de a site map wit	G. Zi	C. Title Same as above E. Address (line 2) Same as above	H. County	
Billing Information A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above			G. Zi Sam	C. Title Same as above E. Address (line 2) Same as above p e as above		
Billing Information A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone	J. FAX	State CA	G. Zi Sam K. Er	C. Title Same as above E. Address (line 2) Same as above pe as above mail Address		
Billing Information A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above	J. FAX	State CA	G. Zi Same K. Er Same	C. Title Same as above E. Address (line 2) Same as above pe as above nail Address e as above	Same as above	
Billing Information A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above L. Population	J. FAX Same a	State CA es above	G. Zi Same K. Er Same Populatio	C. Title Same as above E. Address (line 2) Same as above pe as above nail Address e as above in greater than 250,000	Same as abov	
Billing Information A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above	J. FAX Same a	State CA es above	G. Zi Same K. Er Same Populatio	C. Title Same as above E. Address (line 2) Same as above pe as above nail Address e as above in greater than 250,000 In between 200,000 and	\$20,000 249,999\$17,500	
Billing Information A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above L. Population	J. FAX Same a	State CA es above [] he right []	G. Zi Same K. Er Same Populatio Populatio	C. Title Same as above E. Address (line 2) Same as above pe as above mail Address e as above in greater than 250,000 In between 200,000 and in between 150,000 and	\$20,000 249,999\$17,500 199,999\$15,000	
Billing Information A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above L. Population	J. FAX Same a	State CA es above [] he right []	G. Zi Same K. Er Same Populatio Populatio Populatio	C. Title Same as above E. Address (line 2) Same as above e as above mail Address e as above in greater than 250,000 In between 200,000 and in between 150,000 and in between 100,000 and in between 100,000 and	\$20,000 249,999\$17,500 199,999\$15,000 149,999\$12,500	
Billing Information A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above L. Population	J. FAX Same a	State CA es above [] he right [] []	G. Zi Same K. Er Same Populatio Populatio Populatio Populatio	C. Title Same as above E. Address (line 2) Same as above pe as above nail Address e as above in greater than 250,000 In between 200,000 and in between 150,000 and in between 175,000 and in between 75,000 and 9	\$20,000 249,999 \$17,500 199,999 \$15,000 149,999 \$12,500 9,999 \$10,000	
Billing Information A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above L. Population	J. FAX Same a	State CA as above [] he right [] [] []	G. Zi Same K. Er Same Populatio Populatio Populatio Populatio Populatio	C. Title Same as above E. Address (line 2) Same as above e as above mail Address e as above in greater than 250,000 In between 200,000 and in between 150,000 and in between 150,000 and in between 75,000 and 9 in between 50,000 and 7	\$20,000 249,999 \$17,500 199,999 \$15,000 149,999 \$12,500 9,999 \$10,000 4,999 \$7,500	
Billing Information A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above L. Population	J. FAX Same a	State CA as above [] he right [] [] [] []	G. Zi Same K. Er Same Populatio Populatio Populatio Populatio Populatio Populatio	C. Title Same as above E. Address (line 2) Same as above e as above mail Address e as above in greater than 250,000 In between 200,000 and in between 150,000 and in between 150,000 and in between 75,000 and 9 in between 50,000 and 7 in between 25,000 and 4	\$20,000 249,999 \$17,500 199,999 \$15,000 149,999 \$12,500 9,999 \$10,000 4,999 \$7,500 9,999 \$5,000	
Billing Information A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above L. Population	J. FAX Same a	State CA as above [] [] [] [] [] [] [] [] []	G. Zi Same K. Er Same Populatio Populatio Populatio Populatio Populatio Populatio Populatio	C. Title Same as above E. Address (line 2) Same as above pe as above mail Address e as above in greater than 250,000 In between 200,000 and in between 150,000 and in between 175,000 and in between 50,000 and 7 in between 25,000 and 4 in between 10,000 and 4 in between 10,000 and 2 in between 10,000 and 4 in between 10,000 and 2	\$20,000 249,999 \$17,500 199,999 \$15,000 149,999 \$12,500 9,999 \$10,000 4,999 \$7,500 9,999 \$5,000 4,999 \$3,000	
Billing Information A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above L. Population	J. FAX Same a	State CA as above [] he right [] [] [] []	G. Zi Same K. Er Same Populatio Populatio Populatio Populatio Populatio Populatio Populatio Populatio	C. Title Same as above E. Address (line 2) Same as above e as above mail Address e as above in greater than 250,000 and in between 150,000 and in between 150,000 and 7 in between 50,000 and 7 in between 25,000 and 4 in between 10,000 and 2 in between 10,000 and 9,5 in between 1,000 and 9,5	\$20,000 249,999 \$17,500 199,999 \$15,000 149,999 \$12,500 9,999 \$10,000 4,999 \$7,500 9,999 \$5,000	

VI.	Permit Type	۰

VIII.

- [] Applying for Individual General Permit Coverage

2. [x] Applying for a permit with	one or more co-per	mittees			
The undersigned agree to work as comust comply with the requirements for sheets, if necessary. Each co-permit	ound in Title 40 of the	he Code			
Lead Agency Monterey Regional Water Pollution Control Agency	Signature	Du			
Agency City of Seaside Signature					
Agency See attached NOIs from the eight of co-permittees	Signature	0			
Agency	Signature				
[] Separate Implementing En	tity (SIE)				
A. Agency					
B. Contact Person			C. Title		
D. Mailing Address			E. Address (line 2)		
F. City	State CA	G. Zip		H. County	
I. Phone J. FAX		K. Ema	ail Address		
L. Operator Type (Check one) 1. [] City 2. [] County 3. [] St	ate 4. [] Fede	eral	[]Special District	ment Combination	
Minimum Control Measures being im [] Public Education [] Construction "I agree to coordinate with the agence	[] Public I [] Post Co	nvolveme	ent [] Illicit Disc on [] Good Ho	charge/Elimination usekeeping	
I certify under penalty of law that this accordance with a system designed to Based on my inquiry of the person or information to the best of my knowled there are significant penalties for subcertify that the provisions of the perm Program, will be complied with."	document and all a o assure that qualif persons who mana Ige and belief, the i mitting false inform	attachmer fied perso age the significant of the significant of the sig	nts were prepared under my direction onnel properly gather and evaluate the ystem, or those persons directly reson on submitted is true, accurate, and co- luding the possibility of fine and imp	n and supervision in he information submitted. ponsible for gathering the omplete. I am aware that risonment. Additionally, I	
N. Signature of Official			Date		
Storm Water Management Plan (Check box) [x] As per section A.2. of this General Permit, the SWMP is attached.					
Certification					
"I certify under penalty of the law that accordance with a system designed to Based on my inquiry of the person or information, to the best of my knowled that there are significant penalties for Additionally, I certify that the provision Management Program, will be compli	o assure that qualification persons who manadige and belief, the issubmitting false informations of the permit, income.	ied personge the sylinformation	onnel properly gather and evaluate t ystem, or those persons directly res on submitted is true, accurate, and o , including the possibility of fine and	he information submitted. ponsible for gathering the complete. I am aware I imprisonment.	
A. Printed Name: DIANA IN B. Title: DURING ANDER	-				
C. Signature: PUBLIC WORK	Inquial	e e	D. Date:	128/2004	
	1				

Agency Information	n					
A. Agency						
City Of Del Rey Oak	KS				<u> </u>	
B. Contact Person				C. Title Acting City Mana	aor.	
Ron Langford D. Mailing Address				E. Address (line 2)		
650 Canyon Del Rey	v		i	L. Address (inte 2)	,	
F. City	,	State	G. Zip			H. County
Del Rey Oaks		CA	93940			Monterey
I. Phone	J. FAX			il Address		•
(831) 394-8511	(831) 394	-6421	Drocler	k@redshift.com		
L. Operator Type (c						
1. [x] City 2. [] Coun	nty 3. [] S	tate 4. [] Fed	eral	5. []Special District	6. [] Govern	ment Combination
2:Ui Information						
Billing Information A. Agency Same as above						
A. Agency Same as above B. Contact Person				C. Title		
A. Agency Same as above B. Contact Person Same as above				Same as above		
A. Agency Same as above B. Contact Person Same as above D. Mailing Address				Same as above E. Address (line 2)	
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above		Ctata	C Zin	Same as above)	H. Courty
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City		State	G. Zip	Same as above E. Address (line 2 Same as above)	H. County
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above	J. FAX	State CA	Same a	Same as above E. Address (line 2 Same as above as above)	
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone	J. FAX Same a	CA	Same a	Same as above E. Address (line 2 Same as above)	
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above		CA s above	Same a K. Ema Same a	Same as above E. Address (line 2 Same as above as above il Address		Same as abov
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above	Same a	CA s above [] F ne right [] F	Same a K. Ema Same a Copulation	Same as above E. Address (line 2 Same as above as above il Address as above greater than 250,00 between 200,000 a	00nd 249,999	Same as above \$20,000 \$17,500
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above L. Population	Same a	s above	Same a K. Ema Same a Copulation Copulation	Same as above E. Address (line 2 Same as above as above il Address as above greater than 250,00 between 200,000 a between 150,000 a	00nd 249,999	\$20,000 \$17,500 \$15,000
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above L. Population	Same a	s above	Same a K. Ema Same a Copulation Copulation Copulation Copulation	Same as above E. Address (line 2 Same as above as above il Address as above greater than 250,00 between 200,000 a between 150,000 a between 100,000 a	00nd 249,999 nd 199,999 nd 149,999	\$20,000 \$17,500 \$15,000 \$12,500
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above L. Population	Same a	s above [] F ne right [] F [] F	Same a K. Ema Same a Copulation Copulation Copulation Copulation Copulation	Same as above E. Address (line 2 Same as above as above il Address as above greater than 250,00 between 200,000 a between 150,000 a between 150,000 a between 75,000 an	nd 249,999 nd 199,999 nd 149,999 d 99,999	\$20,000 \$17,500 \$15,000 \$12,500 \$10,000
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above Phone Same as above Population	Same a	s above [] F ne right [] F [] F [] F	Same a K. Ema Same a Copulation Copulation Copulation Copulation Copulation Copulation Copulation Copulation Copulation	Same as above E. Address (line 2 Same as above as above il Address as above greater than 250,000 between 200,000 a between 150,000 a between 75,000 an between 50,000 an	00nd 249,999nd 199,999d 99,999d 74,999d	\$20,000 \$17,500 \$15,000 \$12,500 \$10,000 \$7,500
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above Phone Same as above Population	Same a	s above [] F ne right [] F [] F [] F [] F	Same a K. Ema Same a Copulation Copulation Copulation Copulation Copulation Copulation Copulation Copulation Copulation	Same as above E. Address (line 2 Same as above as above il Address as above greater than 250,000 between 200,000 a between 150,000 a between 75,000 an between 50,000 an between 50,000 an between 25,000 an	nd 249,999 nd 199,999 nd 149,999 d 99,999 d 74,999	\$20,000 \$17,500 \$15,000 \$12,500 \$10,000 \$7,500 \$5,000
A. Agency Same as above B. Contact Person Same as above D. Mailing Address Same as above F. City Same as above I. Phone Same as above L. Population	Same a	s above [] F ne right [] F [] F [] F [] F [] F	Same a K. Ema Same a Copulation	Same as above E. Address (line 2 Same as above as above il Address as above greater than 250,000 between 200,000 a between 150,000 a between 75,000 an between 50,000 an	nd 249,999 nd 199,999 nd 149,999 d 99,999 d 74,999 d 49,999	\$20,000 \$17,500 \$15,000 \$12,500 \$10,000 \$7,500 \$5,000 \$3,000

VI.	Permit Typ	e

- Applying for Individual General Permit Coverage
- 2. Applying for a permit with one or more co-permittees

	The undersigned agree to work as co-permittees in implementing a complete small MS4 storm water program. The program must comply with the requirements found in Title 40 of the Code of Federal Regulations, parts 122.32. Attach additional					
	sheets, if necessary. Each co-permi				E C	
	Lead Agency Monterey Regional Water Pollution Control Agency	Signature) LH	& James		
	Agency City of Del Rey Oaks	Signature	BXX	eas		
	Agency See attached NOIs from the eight of co-permittees	Signature	Q)		
	Agency	Signature)			
	[] Separate Implementing En	tity (SIE)				
	A. Agency					
	B. Contact Person			C. Title		
	D. Mailing Address			E. Address (line 2)		
	F. City	State CA	G. Zip		H. County	
	I. Phone J. FAX		K. Ema	ail Address		
	L. Operator Type (Check one) 1. [] City 2. [] County 3. [] St	ate 4. [] Fe	deral	5. []Special District 6. [] Gover	nment Combination	
	Minimum Control Measures being im [] Public Education [] Construction	[] Public	Involveme Constructio	ent [] Illicit Dis n [] Good Ho	charge/Elimination ousekeeping	
	"I agree to coordinate with the agency identified in Section III of this form and comply with its qualifying storm water program I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering to information to the best of my knowledge and belief, the information submitted is true, accurate, and complete. I am aware the there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Additionally certify that the provisions of the permit, including the development and implementation of a Storm Water Management Program, will be complied with."					
	N. Signature of Official			Date		
VII.	Storm Water Management Plan (Check box) [x] As per section A.2. of this General Permit, the SWMP is attached.					
VIII.	Certification "I certify under penalty of the law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, to the best of my knowledge and belief, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Additionally, I certify that the provisions of the permit, including the development and implementation of a Storm Water Management Program, will be complied with." A. Printed Name: Ponald J. Langford B. Title: D. Date: D. Date:					
	W Medical Control				903	

State Water Resources Control Board NOTICE OF INTENT TO COMPLY WITH THE TERMS OF THE STATEWIDE GENERAL WASTE DISCHARGE REQUIREMENTS FOR SANITARY SEWER SYSTEMS (WATER QUALITY ORDER NO. 2006 – 0003 – DWQ)

١. إ	Notice of Intent (NOI) Status					
	Mark Only One Item 1. [x] New Permittee 2. [] Change of Information WDID #:					
II. Ì	Agency Information					
ĺ	A. Legally Responsible Official Rich Guillen					
	8. Agency City of Carmel-by-the-Sea		C. Title City Administrator			
	D. Mailing Address	•		E. Address (Line	2)	
	P O Box CC State	G. 2	7:	H. County		
	Carmel-by-the-Sea CA	93	921	Monte		
	1. Phone 931 620 2000 J. FAX 831 620 20	04			llen@ci.carmel.ca.us	
	L. Sanitary Sewer System			Water Quality Con		
	N/A		Centi	cal Coast Re	egion (3)	
	N. Agency Type (check one) 1. k] City 2. [] County 3. [] State 4. [] Fe	deral	5. [] Sp	ecial District	6. [] Government Combination	
	o. Population of Community Served (check one) [XLess than 50,000 [] Greater than or equal to 50,	,000				
III.	Billing Information					
	A. Agency City of Carmel-by-the-Sea					
	B. Contact Person Joyce Giuffre		C. Title	nistrative :	Services Director	
	D. Mailing Address		E. Address	(Line 2)		
	P O Box CC		<u> </u>			
	F. City Carmel-by-the-Sea	State	CA	G. Zip 93921	H. County Monterey	
	I. Phone J. FAX 831 620 2000 831 620 20	004		K. Email Address jqiuffre@ci.carmel.ca.us		
	The annual fee, which is required by the California W served by the sanitary sewer system. Additionally, at each annual fee. The total fee is the sum of the annuinstructions on completing this NOI for a detailed exp	n amb ual fee	pient water and ambie	monitoring surcl ent water monito	harge of 9 percent is required for	
	L. Total Fee (check one)					
	[k] Population served < 50,000 – total fee submit	ted is	\$ 872.00			
	[] Population served ≥ 50,000 – total fee submit	ted is	\$ 4,676.00			
	A check for the appropriate total fee amount should be made payable to SWRCB and mailed with this completed NOI to the following address:					
	State Water Board Accounting Office P O Box 1888 Attn: SSO Fees Sacramento, CA 95812-1888					
	SWRCB Tax ID is: 68-0281986					

SSO NOI TEST R8

IV. Electronic Submittal Authorization

I, Rich Guillen	_, certify that I am the legally responsible official for
print name	
City of Carmel-by-the-Sea	
agency	
agree, my California Integrated Water Qu	ality System (CIWQS) user ID and password
constitute my electronic signature and an	y information I indicate I am electronically certifying
contains my signature. I understand that	I am legally bound, obligated, and responsible by use
of my electronic signature as much as bu	a band written signature
of my electronic signature as much as by	a nand-written signature.

I agree that I will protect my electronic signature from unauthorized use, and that I will contact the State Water Resources Control Board, within 24-hours of discovery, if I suspect that my electronic signature has been lost, stolen, or otherwise compromised. I certify that my electronic signature is for my own use, that I will keep it confidential, and that I will not delegate or share it with any other person.

V. Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, to the best of my knowledge and belief, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Additionally, I certify that the provisions of the Statewide General Waste Discharge Requirements for Sanitary Sewer Systems, including electronic reporting of all sanitary sewer overflows and development and implementation of a sewer system management plan, will be complied with."

A. Printed Name:	Rich Guillen	
B. Title:	City Administrator	
C. Signature:	ih I fillen	D. Date: 10/3/2006

NOTE: Mail completed and signed form with a check for fee payment to the address below.

State Water Board Accounting Office P O Box 1888 Attn: SSO Fees Sacramento, CA 95812-1888

SSO NOI TEST R8

2/2