

Appendix A

Notices of Intent from Each Member Entity

State Water Resources Control Board
NOTICE OF INTENT
TO COMPLY WITH THE TERMS OF THE GENERAL PERMIT FOR
STORM WATER DISCHARGES FROM
SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEMS
(WQ ORDER No.)

I. NOI Status

(Mark only one item) 1. ☒ New Permittee 2. ☐ Change of Information WDID #: _____

II. Agency Information

A. Agency County of Monterey			
B. Contact Person Elizabeth Krafft		C. Title Program Manager	
D. Mailing Address P.O. Box 930		E. Address (line 2) _____	
F. City Salinas	State CA	G. Zip 93902	H. County Monterey
I. Phone (831) 755-4864	J. FAX (831) 424-7935	K. Email Address _____	
L. Operator Type (check one): 1. <input type="checkbox"/> City 2. <input checked="" type="checkbox"/> County 3. <input type="checkbox"/> State 4. <input type="checkbox"/> Federal 5. <input type="checkbox"/> Special District 6. <input type="checkbox"/> Government Combination			

III. Permit Area

The unincorporated portions of the Urbanized areas within Monterey County, as defined by US. Census Bureau.

IV. Boundaries of Coverage (Include a site map with the submittal)

See Figure 3-2 through 3-5

V. Billing Information

A. Agency Same as above			
B. Contact Person Same as above		C. Title Same as above	
D. Mailing Address Same as above		E. Address (line 2) Same as above	
F. City Same as above	State CA	G. Zip Same as above	H. County Same as above
I. Phone Same as above	J. FAX Same as above	K. Email Address Same as above	
L. Population Please check the corresponding box on the right			
		<input type="checkbox"/> Population greater than 250,000.....	\$20,000
		<input type="checkbox"/> Population between 200,000 and 249,999.....	\$17,500
		<input type="checkbox"/> Population between 150,000 and 199,999.....	\$15,000
		<input type="checkbox"/> Population between 100,000 and 149,999.....	\$12,500
		<input type="checkbox"/> Population between 75,000 and 99,999.....	\$10,000
		<input type="checkbox"/> Population between 50,000 and 74,999.....	\$7,500
		<input checked="" type="checkbox"/> Population between 25,000 and 49,999.....	\$5,000
		<input type="checkbox"/> Population between 10,000 and 24,999.....	\$3,000
		<input type="checkbox"/> Population between 1,000 and 9,999.....	\$2,000
		<input type="checkbox"/> Population between 0 and 1,000.....	\$1,000

VI. Permit Type

1. ☐ 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-permittee must complete a NOI.

Lead Agency Monterey Regional Water Pollution Control Agency	Signature <i>Robert S. Jacques</i>
Agency County of Monterey	Signature <i>Fernando Armenta</i>
Agency See attached NOIs from the eight other co-permittees	Signature
Agency	Signature

3. ☐ Separate Implementing Entity (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. Email Address			
L. Operator Type (Check one) 1. <input type="checkbox"/> City 2. <input type="checkbox"/> County 3. <input type="checkbox"/> State 4. <input type="checkbox"/> Federal 5. <input type="checkbox"/> Special District 6. <input type="checkbox"/> Government Combination			
Minimum Control Measures being implemented by the SIE (check all that apply) <input type="checkbox"/> Public Education <input type="checkbox"/> Public Involvement <input type="checkbox"/> Illicit Discharge/Elimination <input type="checkbox"/> Construction <input type="checkbox"/> Post Construction <input type="checkbox"/> Good Housekeeping			
<p>"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 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."</p>			
N. Signature of Official		Date	

VII. Storm Water Management Plan (Check box)

☒ As per section A.2. of this General Permit, the SWMP is attached.

VIII. Certification

<p>"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."</p>	
A. Printed Name:	<i>Elizabeth Krafft for Fernando Armenta</i>
B. Title:	<i>Program Manager / Chair Monterey County Bd of Supervisors</i>
C. Signature:	<i>E. Krafft for Fernando Armenta</i>
D. Date:	<i>Feb 26, 2003</i>

State Water Resources Control Board
NOTICE OF INTENT
TO COMPLY WITH THE TERMS OF THE GENERAL PERMIT FOR
STORM WATER DISCHARGES FROM
SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEMS
(WQ ORDER No.)

I. NOI Status

(Mark only one item) 1. ☒ New Permittee 2. ☐ Change of Information WDID #:

II. Agency Information

A. Agency City of Pacific Grove			
B. Contact Person Stephen J. Leiker, PE		C. Title Director of Public Works/City Engineer	
D. Mailing Address 2100 Sunset Drive		E. Address (line 2)	
F. City Pacific Grove	State CA	G. Zip 93950	H. County Monterey
I. Phone (831) 648-5722	J. FAX (831) 375-0627	K. Email Address Sleiker@ci.pacific-grove.ca.us	
L. Operator Type (check one): 1. <input checked="" type="checkbox"/> City 2. <input type="checkbox"/> County 3. <input type="checkbox"/> State 4. <input type="checkbox"/> Federal 5. <input type="checkbox"/> Special District 6. <input type="checkbox"/> Government Combination			

III. Permit Area

Jurisdictional boundaries of the City of Pacific Grove

IV. Boundaries of Coverage (Include a site map with the submittal)

See Figure 3-1

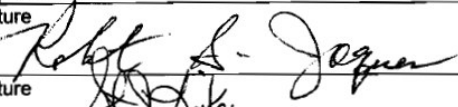

V. Billing Information

A. Agency Same as above			
B. Contact Person Same as above		C. Title Same as above	
D. Mailing Address Same as above		E. Address (line 2) Same as above	
F. City Same as above	State CA	G. Zip Same as above	H. County Same as above
I. Phone Same as above	J. FAX Same as above	K. Email Address Same as above	
L. Population			
Please check the corresponding box on the right			
<input type="checkbox"/>	Population greater than 250,000.....		\$20,000
<input type="checkbox"/>	Population between 200,000 and 249,999.....		\$17,500
<input type="checkbox"/>	Population between 150,000 and 199,999.....		\$15,000
<input type="checkbox"/>	Population between 100,000 and 149,999.....		\$12,500
<input type="checkbox"/>	Population between 75,000 and 99,999.....		\$10,000
<input type="checkbox"/>	Population between 50,000 and 74,999.....		\$7,500
<input type="checkbox"/>	Population between 25,000 and 49,999.....		\$5,000
<input checked="" type="checkbox"/>	Population between 10,000 and 24,999.....		\$3,000
<input type="checkbox"/>	Population between 1,000 and 9,999.....		\$2,000
<input type="checkbox"/>	Population between 0 and 1,000.....		\$1,000

VI. Permit Type

1. ☐ 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-permittee must complete a NOI.

Lead Agency Monterey Regional Water Pollution Control Agency	Signature 
Agency City of Pacific Grove	Signature 
Agency See attached NOIs from the eight other co-permittees	Signature
Agency	Signature

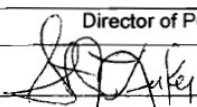
3. ☐ Separate Implementing Entity (SIE)

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. Email Address									
L. Operator Type (Check one) 1. <input type="checkbox"/> City 2. <input type="checkbox"/> County 3. <input type="checkbox"/> State 4. <input type="checkbox"/> Federal 5. <input type="checkbox"/> Special District 6. <input type="checkbox"/> Government Combination									
Minimum Control Measures being implemented by the SIE (check all that apply) <table><tr><td><input type="checkbox"/> Public Education</td><td><input type="checkbox"/> Public Involvement</td><td><input type="checkbox"/> Illicit Discharge/Elimination</td></tr><tr><td><input type="checkbox"/> Construction</td><td><input type="checkbox"/> Post Construction</td><td><input type="checkbox"/> Good Housekeeping</td></tr></table>				<input type="checkbox"/> Public Education	<input type="checkbox"/> Public Involvement	<input type="checkbox"/> Illicit Discharge/Elimination	<input type="checkbox"/> Construction	<input type="checkbox"/> Post Construction	<input type="checkbox"/> Good Housekeeping
<input type="checkbox"/> Public Education	<input type="checkbox"/> Public Involvement	<input type="checkbox"/> Illicit Discharge/Elimination							
<input type="checkbox"/> Construction	<input type="checkbox"/> Post Construction	<input type="checkbox"/> Good Housekeeping							
<p>"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 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."</p>									
N. Signature of Official		Date							

VII. Storm Water Management Plan (Check box)

☒ As per section A.2. of this General Permit, the SWMP is attached.

VIII. Certification

<p>"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."</p>	
A. Printed Name:	Stephen J. Leiker, PE
B. Title:	Director of Public Works/City Engineer
C. Signature:	
D. Date:	February 26, 2003

State Water Resources Control Board
NOTICE OF INTENT
TO COMPLY WITH THE TERMS OF THE GENERAL PERMIT FOR
STORM WATER DISCHARGES FROM
SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEMS
(WQ ORDER No.)

I. NOI Status

(Mark only one item)	1. <input checked="" type="checkbox"/> New Permittee	2. <input type="checkbox"/> Change of Information WDID #: _____
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II. Agency Information

A. Agency City of Monterey			
B. Contact Person Jennifer Gonzalez		C. Title Associate Civil Engineer	
D. Mailing Address Public Works Department		E. Address (line 2) City Hall	
F. City Monterey	State CA	G. Zip 93940	H. County Monterey
I. Phone (831) 646-3920	J. FAX (831) 646-3902	K. Email Address JGonzale@ci.monterey.ca.us	
L. Operator Type (check one): 1. <input checked="" type="checkbox"/> City 2. <input type="checkbox"/> County 3. <input type="checkbox"/> State 4. <input type="checkbox"/> Federal 5. <input type="checkbox"/> Special District 6. <input type="checkbox"/> Government Combination			

III. Permit Area

Jurisdictional boundaries of the City of Monterey

IV. Boundaries of Coverage (Include a site map with the submittal)

See Figure 3-1

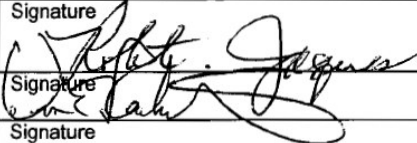
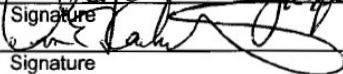
V. Billing Information

A. Agency Same as above			
B. Contact Person Same as above		C. Title Same as above	
D. Mailing Address Same as above		E. Address (line 2) Same as above	
F. City Same as above	State CA	G. Zip Same as above	H. County Same as above
I. Phone Same as above	J. FAX Same as above	K. Email Address Same as above	
L. Population			
Please check the corresponding box on the right			
		<input type="checkbox"/>	Population greater than 250,000..... \$20,000
		<input type="checkbox"/>	Population between 200,000 and 249,999..... \$17,500
		<input type="checkbox"/>	Population between 150,000 and 199,999..... \$15,000
		<input type="checkbox"/>	Population between 100,000 and 149,999..... \$12,500
		<input type="checkbox"/>	Population between 75,000 and 99,999..... \$10,000
		<input type="checkbox"/>	Population between 50,000 and 74,999..... \$7,500
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		<input type="checkbox"/>	Population between 10,000 and 24,999..... \$3,000
		<input type="checkbox"/>	Population between 1,000 and 9,999..... \$2,000
		<input type="checkbox"/>	Population between 0 and 1,000..... \$1,000

VI. Permit Type

1. ☐ 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-permittee must complete a NOI.

Lead Agency Monterey Regional Water Pollution Control Agency	Signature 
Agency City of Monterey	Signature 
Agency See attached NOIs from the eight other co-permittees	Signature
Agency	Signature

3. ☐ Separate Implementing Entity (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. Email Address									
L. Operator Type (Check one) 1. <input type="checkbox"/> City 2. <input type="checkbox"/> County 3. <input type="checkbox"/> State 4. <input type="checkbox"/> Federal 5. <input type="checkbox"/> Special District 6. <input type="checkbox"/> Government Combination									
Minimum Control Measures being implemented by the SIE (check all that apply) <table border="0"><tr><td><input type="checkbox"/> Public Education</td><td><input type="checkbox"/> Public Involvement</td><td><input type="checkbox"/> Illicit Discharge/Elimination</td></tr><tr><td><input type="checkbox"/> Construction</td><td><input type="checkbox"/> Post Construction</td><td><input type="checkbox"/> Good Housekeeping</td></tr></table>				<input type="checkbox"/> Public Education	<input type="checkbox"/> Public Involvement	<input type="checkbox"/> Illicit Discharge/Elimination	<input type="checkbox"/> Construction	<input type="checkbox"/> Post Construction	<input type="checkbox"/> Good Housekeeping
<input type="checkbox"/> Public Education	<input type="checkbox"/> Public Involvement	<input type="checkbox"/> Illicit Discharge/Elimination							
<input type="checkbox"/> Construction	<input type="checkbox"/> Post Construction	<input type="checkbox"/> Good Housekeeping							
<p>"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 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."</p>									
N. Signature of Official		Date							

VII. Storm Water Management Plan (Check box)

☒ 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:	W.E. Reichmuth, P.E.
B. Title:	Director of Public Works
C. Signature:	
D. Date:	February 21, 2003

State Water Resources Control Board
NOTICE OF INTENT
TO COMPLY WITH THE TERMS OF THE GENERAL PERMIT FOR
STORM WATER DISCHARGES FROM
SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEMS
(WQ ORDER No.)

I. **NOI Status**

(Mark only one item) 1. ☒ New Permittee 2. ☐ Change of Information WDID #: _____

II. **Agency Information**

A. Agency City of Marina			
B. Contact Person Charles Johnson		C. Title Public Works Director/City Engineer	
D. Mailing Address 211 Hillcrest Avenue		E. Address (line 2) _____	
F. City Marina	State CA	G. Zip 93933	H. County Monterey
I. Phone (831) 884-1212 x218	J. FAX (831) 384-0425	K. Email Address Cjohnson@ci.marina.ca.us	
L. Operator Type (check one): 1. <input checked="" type="checkbox"/> City 2. <input type="checkbox"/> County 3. <input type="checkbox"/> State 4. <input type="checkbox"/> Federal 5. <input type="checkbox"/> Special District 6. <input type="checkbox"/> Government Combination			

III. **Permit Area**

Jurisdictional boundaries of the City of Marina

IV. **Boundaries of Coverage** (Include a site map with the submittal)

See Figure 3-1

V. **Billing Information**



A. Agency Same as above			
B. Contact Person Same as above		C. Title Same as above	
D. Mailing Address Same as above		E. Address (line 2) Same as above	
F. City Same as above	State CA	G. Zip Same as above	H. County Same as above
I. Phone Same as above	J. FAX Same as above	K. Email Address Same as above	
L. Population			
Please check the corresponding box on the right			
<input type="checkbox"/>	Population greater than 250,000.....	\$20,000	
<input type="checkbox"/>	Population between 200,000 and 249,999.....	\$17,500	
<input type="checkbox"/>	Population between 150,000 and 199,999.....	\$15,000	
<input type="checkbox"/>	Population between 100,000 and 149,999.....	\$12,500	
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<input type="checkbox"/>	Population between 50,000 and 74,999.....	\$7,500	
<input type="checkbox"/>	Population between 25,000 and 49,999.....	\$5,000	
<input checked="" type="checkbox"/>	Population between 10,000 and 24,999.....	\$3,000	
<input type="checkbox"/>	Population between 1,000 and 9,999.....	\$2,000	
<input type="checkbox"/>	Population between 0 and 1,000.....	\$1,000	

VI. Permit Type

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

REC'D MAY 10 2004

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-permittee must complete a NOI.

Lead Agency Monterey Regional Water Pollution Control Agency	Signature 
Agency City of Marina	Signature 
Agency See attached NOIs from the eight other co-permittees	Signature
Agency	Signature

3. ☐ Separate Implementing Entity (SIE)

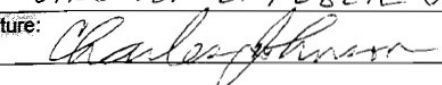
A. Agency			
B. Contact Person		C. Title	
D. Mailing Address		E. Address (line 2)	
F. City	State CA	G. Zip	H. County
I. Phone	J. FAX	K. Email Address	
L. Operator Type (Check one) 1. <input type="checkbox"/> City 2. <input type="checkbox"/> County 3. <input type="checkbox"/> State 4. <input type="checkbox"/> Federal 5. <input type="checkbox"/> Special District 6. <input type="checkbox"/> Government Combination			
Minimum Control Measures being implemented by the SIE (check all that apply) <input type="checkbox"/> Public Education <input type="checkbox"/> Public Involvement <input type="checkbox"/> Illicit Discharge/Elimination <input type="checkbox"/> Construction <input type="checkbox"/> Post Construction <input type="checkbox"/> Good Housekeeping			
<p>"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 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."</p>			
N. Signature of Official		Date	

VII. Storm Water Management Plan (Check box)

☒ 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:	CHARLES JOHNSON
B. Title:	DIRECTOR OF PUBLIC WORKS
C. Signature:	
D. Date:	5-27-04

TO COMPLY WITH THE TERMS OF THE GENERAL PERMIT FOR
STORM WATER DISCHARGES FROM
SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEMS
(WQ ORDER No. _____)

I. NOI Status

(Mark only one item) 1. ☒ New Permittee 2. ☐ Change of Information WDID #:

II. Agency Information

A. Agency City of Sand City			
B. Contact Person Kelly Morgan		C. Title City Administrator	
D. Mailing Address 1 Sylvan Park		E. Address (line 2) -----	
F. City Sand City	State CA	G. Zip 93955	H. County Monterey
I. Phone (831) 394-6700	J. FAX (831) 394-2472	K. Email Address Kelly@sandcity.org	
L. Operator Type (check one):			
1. <input checked="" type="checkbox"/> City 2. <input type="checkbox"/> County 3. <input type="checkbox"/> State 4. <input type="checkbox"/> Federal 5. <input type="checkbox"/> Special District 6. <input type="checkbox"/> Government Combination			

Permit Area

Jurisdictional boundaries of the City of Sand city

IV. **Boundaries of Coverage** (Include a site map with the submittal)

See Figure 3-1

V. Billing Information

A. Agency Same as above			
B. Contact Person Same as above		C. Title Same as above	
D. Mailing Address Same as above		E. Address (line 2) Same as above	
F. City Same as above		State CA	G. Zip Same as above
		H. County Same as above	
I. Phone Same as above	J. FAX Same as above	K. Email Address Same as above	
L. Population			
Please check the corresponding box on the right			
<input type="checkbox"/>	Population greater than 250,000.....	\$20,000	
<input type="checkbox"/>	Population between 200,000 and 249,999.....	\$17,500	
<input type="checkbox"/>	Population between 150,000 and 199,999.....	\$15,000	
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<input type="checkbox"/>	Population between 75,000 and 99,999.....	\$10,000	
<input type="checkbox"/>	Population between 50,000 and 74,999.....	\$7,500	
<input type="checkbox"/>	Population between 25,000 and 49,999.....	\$5,000	
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<input type="checkbox"/>	Population between 1,000 and 9,999.....	\$2,000	
<input checked="" type="checkbox"/>	Population between 0 and 1,000.....	\$1,000	

VI.

Permit Type

1. ☐ 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-permittee must complete a NOI.

Lead Agency Monterey Regional Water Pollution Control Agency	Signature <i>Robert L. Jacques</i>
Agency City of San City	Signature <i>Kelly Morgan</i>
Agency See attached NOIs from the eight other co-permittees	Signature
Agency	Signature

3. ☐ Separate Implementing Entity (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. Email Address	
L. Operator Type (Check one) 1. <input type="checkbox"/> City 2. <input type="checkbox"/> County 3. <input type="checkbox"/> State 4. <input type="checkbox"/> Federal 5. <input type="checkbox"/> Special District 6. <input type="checkbox"/> Government Combination			
Minimum Control Measures being implemented by the SIE (check all that apply) <input type="checkbox"/> Public Education <input type="checkbox"/> Public Involvement <input type="checkbox"/> Illicit Discharge/Elimination <input type="checkbox"/> Construction <input type="checkbox"/> Post Construction <input type="checkbox"/> Good Housekeeping			
<p>"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 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."</p>			
N. Signature of Official		Date	

VII.

Storm Water Management Plan (Check box)

☒ 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:	<u>Kelly Morgan</u>
B. Title:	<u>City Administrator</u>
C. Signature:	<u><i>Kelly Morgan</i></u>
D. Date:	<u>February 20, 2003</u>

State Water Resources Control Board
NOTICE OF INTENT
TO COMPLY WITH THE TERMS OF THE GENERAL PERMIT FOR
STORM WATER DISCHARGES FROM
SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEMS
(WQ ORDER No.)

I. NOI Status

(Mark only one item) 1. ☒ New Permittee 2. ☐ Change of Information WDID #: _____

II. Agency Information

A. Agency City Of Seaside			
B. Contact Person Diana Ingersoll		C. Title Public Works Director	
D. Mailing Address Public Works Department		E. Address (line 2) P.O. Box 810	
F. City Seaside	State CA	G. Zip 93955	H. County Monterey
I. Phone (831) 899-6825	J. FAX (831) 899-6311	K. Email Address dingerso@ci.seaside.ca.us	
L. Operator Type (check one): 1. <input checked="" type="checkbox"/> City 2. <input type="checkbox"/> County 3. <input type="checkbox"/> State 4. <input type="checkbox"/> Federal 5. <input type="checkbox"/> Special District 6. <input type="checkbox"/> Government Combination			

III. Permit Area

Jurisdictional boundaries of the City of Seaside, except for that portion within Former Fort Ord under the jurisdiction of the US Army and other public agencies.

IV. Boundaries of Coverage (Include a site map with the submittal)
See Figure 3-1

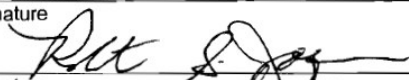
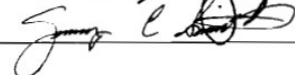
V. Billing Information

A. Agency Same as above			
B. Contact Person Same as above		C. Title Same as above	
D. Mailing Address Same as above		E. Address (line 2) Same as above	
F. City Same as above	State CA	G. Zip Same as above	H. County Same as above
I. Phone Same as above	J. FAX Same as above	K. Email Address Same as above	
L. Population Please check the corresponding box on the right			
		<input type="checkbox"/> Population greater than 250,000.....	\$20,000
		<input type="checkbox"/> Population between 200,000 and 249,999.....	\$17,500
		<input type="checkbox"/> Population between 150,000 and 199,999.....	\$15,000
		<input type="checkbox"/> Population between 100,000 and 149,999.....	\$12,500
		<input type="checkbox"/> Population between 75,000 and 99,999.....	\$10,000
		<input type="checkbox"/> Population between 50,000 and 74,999.....	\$7,500
		<input checked="" type="checkbox"/> Population between 25,000 and 49,999.....	\$5,000
		<input type="checkbox"/> Population between 10,000 and 24,999.....	\$3,000
		<input type="checkbox"/> Population between 1,000 and 9,999.....	\$2,000
		<input type="checkbox"/> Population between 0 and 1,000.....	\$1,000

VI. Permit Type

1. ☐ 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-permittee must complete a NOI.

Lead Agency Monterey Regional Water Pollution Control Agency	Signature 
Agency City of Seaside	Signature 
Agency See attached NOIs from the eight other co-permittees	Signature
Agency	Signature

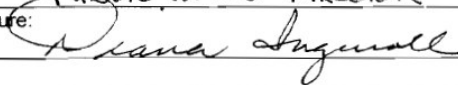
3. ☐ Separate Implementing Entity (SIE)

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. Email Address			
L. Operator Type (Check one) 1. <input type="checkbox"/> City 2. <input type="checkbox"/> County 3. <input type="checkbox"/> State 4. <input type="checkbox"/> Federal 5. <input type="checkbox"/> Special District 6. <input type="checkbox"/> Government Combination			
Minimum Control Measures being implemented by the SIE (check all that apply) <input type="checkbox"/> Public Education <input type="checkbox"/> Public Involvement <input type="checkbox"/> Illicit Discharge/Elimination <input type="checkbox"/> Construction <input type="checkbox"/> Post Construction <input type="checkbox"/> Good Housekeeping			
<p>"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 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."</p>			
N. Signature of Official		Date	

VII. Storm Water Management Plan (Check box)

- ☒ As per section A.2. of this General Permit, the SWMP is attached.

VIII. Certification

<p>"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."</p>	
A. Printed Name: DIANA INGERSOLL	
B. Title: PUBLIC WORKS DIRECTOR	
C. Signature: 	D. Date: 6/28/2004

State Water Resources Control Board
NOTICE OF INTENT
TO COMPLY WITH THE TERMS OF THE GENERAL PERMIT FOR
STORM WATER DISCHARGES FROM
SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEMS
(WQ ORDER No.)

I. NOI Status

(Mark only one item)	1. <input checked="" type="checkbox"/> New Permittee	2. <input type="checkbox"/> Change of Information WDID #: _____
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II. Agency Information

A. Agency City Of Del Rey Oaks			
B. Contact Person Ron Langford		C. Title Acting City Manager	
D. Mailing Address 650 Canyon Del Rey		E. Address (line 2) _____	
F. City Del Rey Oaks	State CA	G. Zip 93940	H. County Monterey
I. Phone (831) 394-8511	J. FAX (831) 394-6421	K. Email Address Droclerk@redshift.com	
L. Operator Type (check one): 1. <input checked="" type="checkbox"/> City 2. <input type="checkbox"/> County 3. <input type="checkbox"/> State 4. <input type="checkbox"/> Federal 5. <input type="checkbox"/> Special District 6. <input type="checkbox"/> Government Combination			

III. Permit Area

Jurisdictional boundaries of the City of Del Rey Oaks

IV. Boundaries of Coverage (Include a site map with the submittal)

See Figure 3-1




V. Billing Information

A. Agency Same as above			
B. Contact Person Same as above		C. Title Same as above	
D. Mailing Address Same as above		E. Address (line 2) Same as above	
F. City Same as above	State CA	G. Zip Same as above	H. County Same as above
I. Phone Same as above	J. FAX Same as above	K. Email Address Same as above	
L. Population			
Please check the corresponding box on the right			
	<input type="checkbox"/>	Population greater than 250,000.....	\$20,000
	<input type="checkbox"/>	Population between 200,000 and 249,999.....	\$17,500
	<input type="checkbox"/>	Population between 150,000 and 199,999.....	\$15,000
	<input type="checkbox"/>	Population between 100,000 and 149,999.....	\$12,500
	<input type="checkbox"/>	Population between 75,000 and 99,999.....	\$10,000
	<input type="checkbox"/>	Population between 50,000 and 74,999.....	\$7,500
	<input type="checkbox"/>	Population between 25,000 and 49,999.....	\$5,000
	<input type="checkbox"/>	Population between 10,000 and 24,999.....	\$3,000
	<input checked="" type="checkbox"/>	Population between 1,000 and 9,999.....	\$2,000
	<input type="checkbox"/>	Population between 0 and 1,000.....	\$1,000

VI. Permit Type

1. ☐ 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-permittee must complete a NOI.

Lead Agency Monterey Regional Water Pollution Control Agency	Signature 
Agency City of Del Rey Oaks	Signature 
Agency See attached NOIs from the eight other co-permittees	Signature 
Agency	Signature

3. ☐ Separate Implementing Entity (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. Email Address	
L. Operator Type (Check one) 1. <input type="checkbox"/> City 2. <input type="checkbox"/> County 3. <input type="checkbox"/> State 4. <input type="checkbox"/> Federal 5. <input type="checkbox"/> Special District 6. <input type="checkbox"/> Government Combination			
Minimum Control Measures being implemented by the SIE (check all that apply) <input type="checkbox"/> Public Education <input type="checkbox"/> Public Involvement <input type="checkbox"/> Illicit Discharge/Elimination <input type="checkbox"/> Construction <input type="checkbox"/> Post Construction <input type="checkbox"/> Good Housekeeping			
<p>"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 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."</p>			
N. Signature of Official		Date	

VII. Storm Water Management Plan (Check box)

☒ 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: Ronald J. Langford
B. Title: Acting City Manager
C. Signature: 
D. Date: 2/26/03

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)

I. Notice of Intent (NOI) Status

Mark Only One Item 1. ☒ New Permittee 2. ☐ Change of Information WDID #: _____

II. Agency Information

A. Legally Responsible Official Rich Guillen			
B. Agency City of Carmel-by-the-Sea		C. Title City Administrator	
D. Mailing Address P O Box CC			
F. City Carmel-by-the-Sea		State CA	G. Zip 93921
I. Phone 831 620 2000		J. FAX 831 620 2004	H. County Monterey
		K. Email Address rguillen@ci.carmel.ca.us	
L. Sanitary Sewer System N/A		M. Regional Water Quality Control Board Central Coast Region (3)	
N. Agency Type (check one) 1. <input checked="" type="checkbox"/> City 2. <input type="checkbox"/> County 3. <input type="checkbox"/> State 4. <input type="checkbox"/> Federal 5. <input type="checkbox"/> Special District 6. <input type="checkbox"/> Government Combination			
O. Population of Community Served (check one) <input checked="" type="checkbox"/> Less than 50,000 <input type="checkbox"/> 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 Administrative Services Director	
D. Mailing Address P O Box CC			
F. City Carmel-by-the-Sea		State CA	G. Zip 93921
		H. County Monterey	
I. Phone 831 620 2000		J. FAX 831 620 2004	K. Email Address jgiuffre@ci.carmel.ca.us
<p>The annual fee, which is required by the California Water Code (section 13260), is based on the daily population served by the sanitary sewer system. Additionally, an ambient water monitoring surcharge of 9 percent is required for each annual fee. The total fee is the sum of the annual fee and ambient water monitoring surcharge. Please see the instructions on completing this NOI for a detailed explanation of the fee structure.</p>			
<p>L. Total Fee (check one)</p> <p><input checked="" type="checkbox"/> Population served < 50,000 – total fee submitted is \$ 872.00</p> <p><input type="checkbox"/> Population served ≥ 50,000 – total fee submitted is \$ 4,676.00</p>			
<p>A check for the appropriate total fee amount should be made payable to SWRCB and mailed with this completed NOI to the following address:</p> <p>State Water Board Accounting Office P O Box 1888 Attn: SSO Fees Sacramento, CA 95812-1888</p> <p>SWRCB Tax ID is: 68-0281986</p>			

IV. Electronic Submittal Authorization

I, Rich Guillen, certify that I am the legally responsible official for
print name
City of Carmel-by-the-Sea. My signature on this form certifies that, I
agency
 agree, my California Integrated Water Quality System (CIWQS) user ID and password
 constitute my electronic signature and any 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 by a hand-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: Rich Guillen 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