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. [x] New Permittee 2. [] Change of Information WQID #: 

#### II. Agency Information

<table>
<thead>
<tr>
<th>A. Agency</th>
<th>C. Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>County of Monterey</td>
<td>Program Manager</td>
</tr>
</tbody>
</table>

**B. Contact Person**
Elizabeth Kraft

**D. Mailing Address**
P.O. Box 930

**F. City**
Salinas

**G. Zip**
93902

**H. County**
Monterey

**I. Phone**
(831) 755-4664

**J. FAX**
(831) 424-7935

**K. Email Address**

#### III. Permit Area
The unincorporated portions of the Urbanized areas within Monterey County, as defined by U.S. Census Bureau.

#### IV. Boundaries of Coverage (Include a site map with the submittal)
See Figure 3-2 through 3-5

#### V. Billing Information

<table>
<thead>
<tr>
<th>A. Agency</th>
<th>B. Contact Person</th>
<th>C. Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same as above</td>
<td>Same as above</td>
<td>Same as above</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>D. Mailing Address</th>
<th>E. Address (line 2)</th>
<th>F. City</th>
<th>G. Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same as above</td>
<td>Same as above</td>
<td>Same as above</td>
<td>Same as above</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I. Phone</th>
<th>J. FAX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same as above</td>
<td>Same as above</td>
</tr>
</tbody>
</table>

**L. Population**
Please check the corresponding box on the right

| Population greater than 250,000 | $20,000 |
| 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 75,000 and 99,999 | $10,000 |
| Population between 50,000 and 74,999 | $7,500 |
| Population between 25,000 and 49,999 | $5,000 |
| Population between 10,000 and 24,999 | $3,000 |
| Population between 1,000 and 9,999 | $2,000 |
| Population between 0 and 1,000 | $1,000 |
VI. Permit Type
1. [ ] 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 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.

<table>
<thead>
<tr>
<th>Lead Agency</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monterey Regional Water Pollution Control Agency</td>
<td>[signature]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>County of Monterey</td>
<td>[signature]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>See attached NOIs from the eight other co-permittees</td>
<td>[signature]</td>
</tr>
</tbody>
</table>

3. [ ] Separate Implementing Entity (SIE)

A. Agency
B. Contact Person
C. Title
D. Mailing Address
E. Address (line 2)
F. City
G. Zip
H. County
I. Phone
J. FAX
K. Email Address

L. Operator Type (Check one)
   1. [ ] City
   2. [ ] County
   3. [ ] State
   4. [ ] Federal
   5. [ ] Special District
   6. [ ] Government Combination

Minimum Control Measures being implemented by the SIE (check all that apply)
   [ ] Public Education
   [ ] Public Involvement
   [ ] Illicit Discharge/Elimination
   [ ] Construction
   [ ] Post Construction
   [ ] Good Housekeeping

"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."

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 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: Elizabeth Kraft, P.E. Fernando Armenta
B. Title: Program Manager, Monterey County Bd of Supervisors
C. Signature: [signature]
   Date: Feb 24, 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. [x] 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

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. [x] City  2. [ ] County  3. [ ] State  4. [ ] Federal  5. [ ] Special District  6. [ ] 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

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

<table>
<thead>
<tr>
<th>Population</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Greater than 250,000</td>
<td>$20,000</td>
</tr>
<tr>
<td>Between 200,000 and 249,999</td>
<td>$17,500</td>
</tr>
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VI. Permit Type
1. [ ] Applying for Individual General Permit Coverage
2. [x] Applying for a permit with one or more co-permitees

The undersigned agree to work as co-permitees 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.

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<td>Agency</td>
<td>Signature</td>
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<td>[Signature]</td>
</tr>
<tr>
<td>Agency</td>
<td>Signature</td>
</tr>
<tr>
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<td>[Signature]</td>
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3. [ ] Separate Implementing Entity (SIE)

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<tr>
<td>D. Mailing Address</td>
</tr>
<tr>
<td>E. Address (line 2)</td>
</tr>
<tr>
<td>F. City</td>
</tr>
<tr>
<td>I. Phone</td>
</tr>
</tbody>
</table>

L. Operator Type (Check one)
1. [ ] City 2. [ ] County 3. [ ] State 4. [ ] Federal 5. [ ] Special District 6. [ ] Government Combination

Minimum Control Measures being implemented by the SIE (check all that apply)
[ ] Public Education [ ] Public Involvement [ ] Illicit Discharge/Elimination
[ ] Construction [ ] Post Construction [ ] Good Housekeeping

"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."

N. Signature of Official

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 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: Stephen J. Leiker, PE

B. Title: Director of Public Works/City Engineer

C. Signature:

D. Date: February 26, 2003

2
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. [x] New Permittee 2. [ ] Change of Information WDID #:

II. Agency Information
A. Agency
City of Monterey
B. Contact Person
Jennifer Gonzalez
C. Title
Associate Civil Engineer
D. Mailing Address
Public Works Department
City Hall
E. Address (line 2)
F. City
Monterey
State CA
G. Zip
93940
H. County
Monterey
I. Phone
(831) 646-3920
J. FAX
(831) 646-3902
K. Email Address
JGonzalez@ci.monterey.ca.us
L. Operator Type (check one):
1. [x] City 2. [ ] County 3. [ ] State 4. [ ] Federal 5. [ ] Special District 6. [ ] 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
   [ ] Population greater than 250,000.............................................. $20,000
   [ ] 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 75,000 and 99,999.................................... $10,000
   [ ] Population between 50,000 and 74,999.................................... $7,500
   [x] Population between 25,000 and 49,999..................................... $5,000
   [ ] Population between 10,000 and 24,999.................................... $3,000
   [ ] Population between 1,000 and 9,999....................................... $2,000
   [ ] Population between 0 and 1,000............................................ $1,000
VI.  Permit Type  
1.  [ ] Applying for Individual General Permit Coverage  
2.  [x] Applying for a permit with one or more co-permitees  

The undersigned agree to work as co-permitees 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.  

<table>
<thead>
<tr>
<th>Lead Agency</th>
<th>Monterey Regional Water Pollution Control Agency</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency</td>
<td>City of Monterey</td>
<td>Signature</td>
</tr>
<tr>
<td></td>
<td>See attached NOIs from the other eight co-permitees</td>
<td>Signature</td>
</tr>
</tbody>
</table>

3.  [ ] Separate Implementing Entity (SIE)  

A. Agency  
B. Contact Person  
C. Title  
D. Mailing Address  
E. Address (line 2)  
F. City  
G. Zip  
H. County  
I. Phone  
J. FAX  
K. Email Address  

L. Operator Type (Check one)  
1.  [ ] City  
2.  [ ] County  
3.  [ ] State  
4.  [ ] Federal  
5.  [ ] Special District  
6.  [ ] Government Combination  

Minimum Control Measures being implemented by the SIE (check all that apply)  
- [ ] Public Education  
- [ ] Public Involvement  
- [ ] Commercial Construction  
- [ ] Post Construction  
- [ ] Illicit Discharge/Elimination  
- [ ] Good Housekeeping  

"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."  

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: A 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. [x] New Permittee 2. [ ] Change of information WIDID #: 

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

F. City
Marina
State
CA
G. Zip
53933
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. [x] City 2. [ ] County 3. [ ] State 4. [ ] Federal 5. [ ] Special District 6. [ ] 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

- [ ] Population greater than 250,000............................................ $20,000
- [ ] 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
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- [ ] Population between 0 and 1,000.......................................... $1,000
VI. Permit Type

1. [ ] 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 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.

<table>
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<tr>
<th>Lead Agency</th>
<th>Monterey Regional Water Pollution Control Agency</th>
<th>Signature</th>
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</thead>
<tbody>
<tr>
<td>Agency</td>
<td>City of Marina</td>
<td>Signature</td>
</tr>
<tr>
<td>Agency</td>
<td>See attached NOIs from the eight other co-permittees</td>
<td>Signature</td>
</tr>
</tbody>
</table>

3. [ ] Separate Implementing Entity (SIE)

A. Agency
B. Contact Person
C. Title
D. Mailing Address
E. Address (line 2)
F. City
G. Zip
H. County
I. Phone
J. FAX
K. Email Address
L. Operator Type (Check one)
   1. [ ] City
   2. [ ] County
   3. [ ] State
   4. [ ] Federal
   5. [ ] Special District
   6. [ ] Government Combination

Minimum Control Measures being implemented by the SIE (check all that apply)

- [ ] Public Education
- [ ] Public Involvement
- [ ] Construction
- [ ] Post Construction
- [ ] Illicit Discharge/Elimination
- [ ] Good Housekeeping

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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

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A. Printed Name: CHARLES JOHNSON
B. Title: DIRECTOR OF PUBLIC WORKS
C. Signature: [Signature]
D. Date: 5-27-04
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. [X] 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

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. [X] City 2. [ ] County 3. [ ] State 4. [ ] Federal 5. [ ] Special District 6. [ ] 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
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G. Zip
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L. Population
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[ ] Population greater than 250,000 ........................................... $20,000
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VI. Permit Type
1. [ ] 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 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.

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<td>City of Sand City</td>
<td>[Signature]</td>
</tr>
<tr>
<td>See attached NOIs from the eight other co-permittees</td>
<td>[Signature]</td>
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3. [ ] Separate Implementing Entity (SIE)

<table>
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<tr>
<th>A. Agency</th>
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</tr>
<tr>
<td>I. Phone</td>
<td>J. FAX</td>
<td>K. Email Address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>L. Operator Type (Check one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Public Education</td>
</tr>
<tr>
<td>[ ] Construction</td>
</tr>
<tr>
<td>[ ] Illicit Discharge/Elimination</td>
</tr>
</tbody>
</table>

Minimum Control Measures being implemented by the SIE (check all that apply)

“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.”

<table>
<thead>
<tr>
<th>N. Signature of Official</th>
<th>Date</th>
</tr>
</thead>
</table>

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.”

<table>
<thead>
<tr>
<th>A. Printed Name:</th>
<th>B. Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kelly Morgan</td>
<td>City Administrator</td>
</tr>
</tbody>
</table>

C. Signature:

D. Date: February 20, 2003

[Signature]
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. [x] 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
   P.O. Box 810
E. Address (line 2)

F. City
   Seaside
G. State
   CA
H. Zip
   93955
I. County
   Monterey
J. Email Address
   dingerso@ci.seaside.ca.us

III. Operator Type (check one):
1. [x] City 2. [ ] County 3. [ ] State 4. [ ] Federal 5. [ ] Special District 6. [ ] Government Combination

IV. 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.

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

VI. 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
G. State
   CA
H. Zip
   Same as above
I. County
   Same as above
J. Email Address
   Same as above
K. Email Address
   Same as above

L. Population
   Please check the corresponding box on the right
   [ ] Population greater than 250,000............................... $20,000
   [ ] 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 75,000 and 99,999....................... $10,000
   [ ] Population between 50,000 and 74,999................ $7,500
   [x] Population between 25,000 and 49,999..................... $5,000
   [ ] Population between 10,000 and 24,999.................... $3,000
   [ ] Population between 1,000 and 9,999..................... $2,000
   [ ] Population between 0 and 1,000........................ $1,000
VI. Permit Type
1. [ ] 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 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.

<table>
<thead>
<tr>
<th>Lead Agency</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monterey Regional Water Pollution Control Agency</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Seaside</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>See attached NOIs from the eight other co-permittees</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

3. [ ] Separate Implementing Entity (SIE)

<table>
<thead>
<tr>
<th>A. Agency</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>B. Contact Person</th>
<th>C. Title</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>D. Mailing Address</th>
<th>E. Address (line 2)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>F. City</th>
<th>State</th>
<th>G. Zip</th>
<th>H. County</th>
</tr>
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<table>
<thead>
<tr>
<th>I. Phone</th>
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<table>
<thead>
<tr>
<th>L. Operator Type (Check one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. [ ] City</td>
</tr>
</tbody>
</table>

Minimum Control Measures being implemented by the SIE (check all that apply)

<table>
<thead>
<tr>
<th>[ ] Public Education</th>
<th>[ ] Public Involvement</th>
<th>[ ] Illicit Discharge/Elimination</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Construction</td>
<td>[ ] Post Construction</td>
<td>[ ] Good Housekeeping</td>
</tr>
</tbody>
</table>

"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."

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."

<table>
<thead>
<tr>
<th>A. Printed Name: DIANA INGERSOLL</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Title: PUBLIC WORKS DIRECTOR</td>
</tr>
<tr>
<td>C. Signature: [Signature]</td>
</tr>
<tr>
<td>D. Date: 01/28/2004</td>
</tr>
</tbody>
</table>

1
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. [x] New Permittee  2. [ ] Change of Information WDID #:

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 State G. Zip H. County
Del Rey Oaks CA 93940 Monterey
I. Phone J. FAX K. Email Address
(831) 394-8511 (831) 394-8421 Doreck@redshift.com
L. Operator Type (check one):
[ ] City [ ] County [ ] State [ ] Federal [ ] Special District [ ] 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 State G. Zip H. County
Same as above Same as above Same as above
I. Phone J. FAX K. Email Address
Same as above Same as above Same as above
L. Population
Please check the corresponding box on the right
[ ] Population greater than 250,000 .................................. $20,000
[ ] Population between 200,000 and 249,999 .......................... $17,500
[ ] Population between 150,000 and 199,999 .......................... $15,000
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[ ] Population between 1,000 and 9,999 .......................... $2,000
[ ] Population between 0 and 1,000 .......................... $1,000
VI. Permit Type
1. [ ] Applying for Individual General Permit Coverage
2. [ X ] Applying for a permit with one or more co-permitees

The undersigned agree to work as co-permitees 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.

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<tr>
<th>Lead Agency</th>
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<td>City of Del Rey Oaks</td>
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</tr>
<tr>
<td>Agency</td>
<td></td>
</tr>
<tr>
<td>Agency</td>
<td>See attached NOIs from the eight other co-permitees</td>
</tr>
<tr>
<td>Agency</td>
<td></td>
</tr>
</tbody>
</table>

3. [ ] Separate Implementing Entity (SIE)

A. Agency
B. Contact Person
C. Title
D. Mailing Address
E. Address (line 2)
F. City
G. State
H. Zip
I. Address
J. FAX
K. Email Address

L. Operator Type (Check one)
1. [ ] City
2. [ ] County
3. [ ] State
4. [ ] Federal
5. [ ] Special District
6. [ ] Government Combination

<table>
<thead>
<tr>
<th>Minimum Control Measures being implemented by the SIE (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Public Education</td>
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<td>[ ] Construction</td>
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"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."

N. Signature of Official

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. [X] New Permittee 2. [ ] Change of Information WDID #:

II. Agency Information
   A. Legally Responsible Official
      Rich Callien
   B. Agency
      City of Carmel-by-the-Sea
      P O Box CC
   C. Title
      City Administrator
   D. Mailing Address
      P O Box 92
   E. Address (Line 2)
   F. City
      Carmel-by-the-Sea
      State CA 93923
   G. Zip 93921
   H. County Monterey
   I. Phone 931 620 2000 J. FAX 931 620 2004
   K. Email Address rpmillen@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. [X] City 2. [ ] County 3. [X] State 4. [ ] Federal 5. [ ] Special District 6. [ ] Government Combination
   O. Population of Community Served (check one)
      1. Less than 50,000 2. 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
   E. Address (Line 2)
   F. City
      Carmel-by-the-Sea
      State CA 93921
   G. Zip 93921
   H. County Monterey
   I. Phone 931 620 2000 J. FAX 931 620 2004
   K. Email Address jgiuffre@ci.carmel.ca.us

The annual fee, which is required by the California Water Code (section 15260), 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.

L. Total Fee (check one)
   [X] Population served < 50,000 – total fee submitted is $ 872.00
   [ ] Population served ≥ 50,000 – total fee submitted 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

1/2  SSO NOI TEST R8
IV. Electronic Submittal Authorization

I, Rich Guillen, certify that I am the legally responsible official for City of Carmel-by-the-Sea. My signature on this form certifies that, I 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.

| A. Printed Name: | Rich Guillen |
| B. Title: | City Administrator |
| C. Signature: | ![Signature] |
| D. Date: | 10/3/2006 |

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 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."

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

State Water Board Accounting Office  
P.O. Box 1886  
Ann: SSO Fees  
Sacramento, CA 95812-1888

22 SSO NOI TEST R8