

NAME: Chris Haynes

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Navy - Water Program Engineer

ADDRESS: 937 N. Harbor Dr. TELEPHONE: 619.532.2285

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Chris Haynes hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/2013

Signature: Chris Haynes

NAME: Christine Mailloux

AGENDA ITEM NO. 8 ✓

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

I need to leave by 5pm

TITLE/AFFILIATION: Board Member, Friends of Rose Canyon

ADDRESS: 5868 Dirac St SD TELEPHONE: 858 558-7930

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Christine Mailloux hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4-10-13

Signature: Christine Mailloux

NAME: Livia Borak

AGENDA ITEM NO. 8 ✓

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Coastal Environmental Rights Foundation

ADDRESS: 1660 S Coast Hwy 101 Encinitas CA 92024 TELEPHONE: 760 942 8805

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Livia Borak hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/2013

Signature: 

NAME: Julia Chunn-Heer

AGENDA ITEM NO. 8 ✓

Support w/ request amendment to "Safe-harbor"

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Campaign Coordinator, Surfside San Diego

ADDRESS: 9883 Pacific Heights Blvd Ste D, San Diego 92121 TELEPHONE: 619-246-8881

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Julia Chunn-Heer hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: [Handwritten Signature]

NAME: ADAM HEER

AGENDA ITEM NO. 8

(Ceel time to Julia (Hunn - Heer)

with amendment

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: SURFRIDER

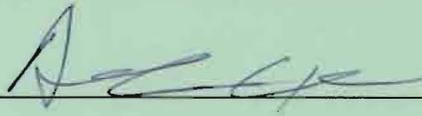
ADDRESS: 2221 Cambridge Ave. La Jolla, CA 92037 TELEPHONE: 760 271-8066

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, ADAM HEER hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: 

NAME: Matt Malley

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Attorney, Surfer San Diego

ADDRESS: 3151 COURSER AVE SD 92117 TELEPHONE: _____

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Matt Malley hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: [Handwritten Signature]

NAME: Paloma Aguirre

AGENDA ITEM NO. 8
with ammendment

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: WILDCOAST

ADDRESS: 925 Seacoast Dr. TELEPHONE: 619.423.8665

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Paloma Aguirre hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: 

NAME: Haley Haggerstone

AGENDA ITEM NO. 8
Support w/ amendment

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Surfrider Foundation

ADDRESS: 2152 Abbott St TELEPHONE: 619-929-5350

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Haley Haggerstone hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: H Haggerstone

NAME: Allison Prange

AGENDA ITEM NO. 8
Support of amendment

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Surf rider

ADDRESS: 4778 Cass St #B San Diego TELEPHONE: 530-412-0505
Ca 92109

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Allison Prange hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: [Handwritten Signature]

NAME: ALISON HINDLEY

AGENDA ITEM NO. 8
Support of amendment

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Surfrider Foundation

ADDRESS: 4653 CARMEL Mtn RD, SUITE 308, SAN DIEGO 92130 TELEPHONE: 858-212-9952

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Alison Hindley hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: *Alison Hindley*

NAME: Lyle Beller

AGENDA ITEM NO. 8
Support of amendment

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Self

ADDRESS: 4444 Cape May Ave, SD. 92107 TELEPHONE: 619 223 2759

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Lyle Beller hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 10 April 2013

Signature: *Lyle Beller*

NAME: Jandra Moore

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Resident / Concerned Citizen

ADDRESS: 7911 Calle de la Mata TELEPHONE: 858-459-2220

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Sandra Moore hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4-10-13

Signature: Sandra Moore

NAME: Jamie Ortiz

AGENDA ITEM NO. 8
with ammendment

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: CEO Jamie Ortiz Communications

ADDRESS: 309 Rue Dorliano #231 TELEPHONE: 858 3377446
SAN Diego, CA

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Jamie Ortiz hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4.10.13

Signature: Jamie Ortiz

NAME: Harry Orgovan

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Chula Vista Kayak

ADDRESS: 620 W. Manor Dr. TELEPHONE: 619 422-3600

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Harry Orgovan hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4-10-13

Signature: Harry Orgovan

NAME: Jim Peugh

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Conservation Chair, SD Audubon Society

ADDRESS: 2776 Nipoma St, S.D 92106 TELEPHONE: 619-224-4591

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Jim Peugh hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: _____

Signature: James A. Peugh

NAME: RODERICK MICHENER

AGENDA ITEM NO. 8
with ammendment

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: SURFRIDER SAN DIEGO

ADDRESS: 2681 A ST, S.D. 92102 TELEPHONE: 619.244.2789

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Roderick Michener hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: [Handwritten Signature]

NAME: Belinda Smith

AGENDA ITEM NO. 8
with ammendment

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Surfrider

ADDRESS: _____ TELEPHONE: 619 922 8972

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Belinda Smith hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4.10.13.

Signature: Belinda Smith

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Surfrider Foundation

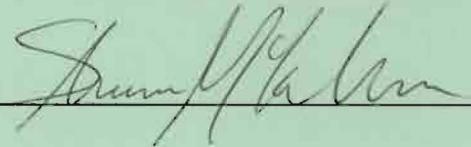
ADDRESS: 3860 Elijah Ct 1016 TELEPHONE: (925) 437-9043
San Diego CA 92130

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Shawna McKellar hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: 

NAME: Mark West

AGENDA ITEM NO. 8
with ammendment

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: SURFLISA

ADDRESS: 321 DARYL AVE
1B CA 9193 TELEPHONE: (619) 907-9297

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Mark West hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: [Handwritten Signature]

NAME: Kristin Brinner

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Surfrider

ADDRESS: 542 Via de la Valle #K TELEPHONE: 858-876-8293
Solana Beach CA 92075

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Kristin Brinner hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: Kristin Brinner

NAME: TODD T. CARDIFF

AGENDA ITEM NO. 8

must leave no later than 6pm

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: SURFRIDER

ADDRESS: 4559 Copeland Ave TELEPHONE: 619 546-5123
SAN DIEGO, CA 92116

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, TODD T. CARDIFF hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4.10.2013

Signature: Todd T. Cardiff

NAME: MARK CONCORAN

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: SURFRIDER SAN DIEGO

ADDRESS: 1368 CREST ROAD TELEPHONE: 619-886-5354

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, MARK CONCORAN hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4-10-13

Signature: *Mark Concoran*

NAME: MEGAN BAEHRENS

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: EXECUTIVE DIRECTOR / SAN DIEGO COASTKEEPER

ADDRESS: 2825 DEWEY RD #200 TELEPHONE: 619-758-7743
SAN DIEGO, CA 92106 X103

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Megan Baehrens hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: M Baehrens

NAME: Travis Pritchard

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Lab Manager / San Diego Coastkeeper

ADDRESS: 2825 Dewey Rd TELEPHONE: 619 758-7743

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Travis Pritchard hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: [Handwritten Signature]

NAME: Randall Iwai *have @ 5:30*

AGENDA ITEM NO. 8
with ammendment

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Surfrider Executive member

ADDRESS: 12866 Via Caballo Rojo TELEPHONE: (858) 538-1782

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Randall Iwai hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4-10-2013

Signature: Randall Iwai

NAME: Crystal Carson

AGENDA ITEM NO. 8 with ammendment

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: surfrider board

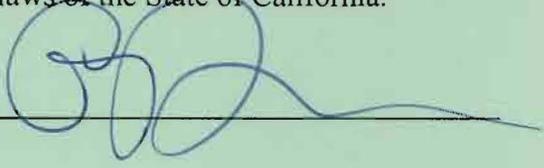
ADDRESS: 802 5th St Coronado CA 92118 TELEPHONE: 8582840769

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Crystal Carson hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/2013

Signature: 

NAME: RAVI BATAJ

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: PROJECT COORDINATOR / USGRB - SAN DIEGO
(SURFRIDER + CONSTKEEPER)

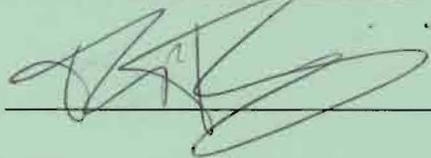
ADDRESS: 5010 SHOREHAM PL., SD CA 92122 TELEPHONE: 805-368-7670

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Ravi Bataj hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 04/10/2013

Signature: 

NAME: Natalie Shapiro

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Volunteer with Coastkeeper

ADDRESS: 7835 Rush Rose Dr, #114 TELEPHONE: (406) 241-2153
Carlsbad, CA 92009

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Natalie Shapiro hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4-10-13

Signature: Natalie Shapiro

NAME: Nogea Kube ("QB")

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: SURFIDER FOUNDATION SD COUNTY CHAPTER

ADDRESS: SAN DIEGO TELEPHONE: 619-701-4027

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Nogea Kube hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: [Handwritten Signature]

NAME: Jonathan Parkinson

AGENDA ITEM NO. _____

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: RA / None

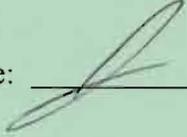
ADDRESS: 4964 Brighton Avenue TELEPHONE: 8586631844

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Jonathan Parkinson hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 04/10/13

Signature: 

NAME: Izzy Tihanyi

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Owner / operator Surf Diva Surf School

ADDRESS: 2160 Ave de la Playa TELEPHONE: 858 454-8273
La Jolla, CA 92037

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Izzy Tihanyi hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: [Signature]

NAME: Terry Rodgers

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Surfrider Foundation San Diego

ADDRESS: 3845 Arroyo Sorrento TELEPHONE: 858 7366652
San Diego, CA 92130

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Terry Rodgers hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 10/April 2013

Signature: Ty Rodgers

NAME: RICK ALEXANDER

AGENDA ITEM NO. 2-9-2013-2012

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: SD CRAG

ADDRESS: 1520 MERRITT DR. TELEPHONE: 617-593-0539
EL CAJON

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Rick Alexander hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: [Handwritten Signature]

NAME: JOHN T. ALTMAN

AGENDA ITEM NO. R9-2013001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: JT ALTMAN & ASSOCIATES / BROKER

ADDRESS: 5694 Mission Ctr Rd, #307 TELEPHONE: 619/890-2581

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, JT Altman hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: 

NAME: US9 "Chris" Anderson

AGENDA ITEM NO. R9-2013-0001

REQUEST ^{to Register} ~~TO SPEAK~~ IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Realtor, Greater San Diego Association of Realtors

ADDRESS: 11711 Wilkip Rd. TELEPHONE: 760-803-2001

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, US9 "Chris" Anderson hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: _____

NAME: Tina Apaipang

AGENDA ITEM NO. R9-2013-0001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: _____

ADDRESS: _____ TELEPHONE: _____

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Tina Apaipang hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: [Handwritten Signature]

ORDER R9-2013-0001
AGENDA ITEM NO. _____

NAME: William Baber

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: ASSOCIATED BUILDERS + CONTRACTORS

OF SAN DIEGO

ADDRESS: POWAY CA
13805 KIRKHAM WAY

TELEPHONE: 619-316-0592

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, WILLIAM BABER hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: William Baber

NAME: Scott Bailey

AGENDA ITEM NO. R9-2013-0001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Huntley Estates

ADDRESS: 3455 Ingraham St TELEPHONE: 858-200-0087

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Scott Bailey hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, ~~orally~~ or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: _____

Signature: 

NAME: NEIL ALAN BALL

AGENDA ITEM NO. AP-2093000

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: OWNER / ALAN BALL GROUP

ADDRESS: 4212 VIA RAVENNO
RANCHO SANTA FE, TELEPHONE: 858-929-7471
CA 92091

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, NEIL BALL hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4-10-13

Signature: [Handwritten Signature]

NAME: Ben Boyce

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Senior VP, Laer Pearce Assoc.

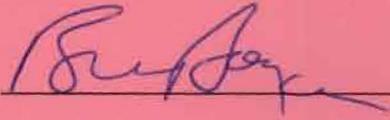
ADDRESS: 4556 Del Mar Ave SD, CA 92107 TELEPHONE: 619/680-0011

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Ben Boyce hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/11/13

Signature: 

I don't intend to speak, but would like to register my opposition to the permit as drafted.

NAME: Ranch Country Realty, Inc.

AGENDA ITEM NO. R9
2013-0001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Broker Associate

ADDRESS: PO Box 655, Julian, CA 92036 TELEPHONE: 760-765-0818

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Jane Brown Darche hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4-10-13

Signature: Jane Brown Darche

NAME: Jim Browne

AGENDA ITEM NO. R-9 2013 - 0001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Real Living Lifestyles Real Estate

ADDRESS: 1905 Calle Barcelona #230 Carlsbad TELEPHONE: 760-415-2600

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Jim Browne hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: J. Browne

NAME: Kevin M. Burke

AGENDA ITEM NO. R9-2013
-0001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Broker/owner Burke Real Estate Consultants
San Diego 92130

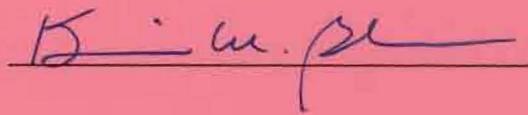
ADDRESS: 12526 High Bluff Drive, #300 TELEPHONE: 858 755 8580

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Kevin M. Burke hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 10 APR 13

Signature: 

NAME: Vicki M. Campbell

AGENDA ITEM NO. R9-2013

0001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: SDAIR -

ADDRESS: 4754 Rolando Blvd SD 92115

TELEPHONE: 619-787-0913

I AM NOT speaking

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Vicki M. Campbell hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4-10-13

Signature: Vicki M. Campbell

NAME: Vicky Campbell

AGENDA ITEM NO. R92013-0001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: SAN Diego Assoc. of Realtors

ADDRESS: 3091 Clairemont Dr. TELEPHONE: 619-587-2496

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Vicky Campbell hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: Vicky L. Campbell

NAME: Janner Cheng

AGENDA ITEM NO. R9-20013 2001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: USA Realty and Loans

ADDRESS: 4818 Mercury St. Suite 105, San Diego CA 92111 TELEPHONE: 619-207-8310

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Janner Cheng hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 04/10/2013

Signature: Janner Cheng

NAME: Lauren Cremascoli

AGENDA ITEM NO. R9-2013-0001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Pam Mathison & Associates

ADDRESS: 4121 Mt. Huker, San Diego, Ca. 92117 TELEPHONE: 619-276-1430

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Lauren Cremascoli hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: Lauren Cremascoli

NAME: RICHARD CROSSAN

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: WILLIS ALLEN REAL ESTATE

ADDRESS: P.O. Box 1520, NATIONAL CITY CA 91951 TELEPHONE: (619) 434-1144

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, RICHARD CROSSAN hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: April 10, 2013

Signature: R. Crossan

NAME: Liagaya Cruz

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Broker/Realtor - Liagaya Realty Group

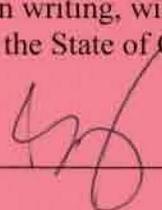
ADDRESS: _____ TELEPHONE: 858-829-5452

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Liagaya Cruz hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/12

Signature: 

NAME: THOMAS ELLIS

AGENDA ITEM NO. 20130001
R9-

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: ATLANTIC & PACIFIC REAL ESTATE

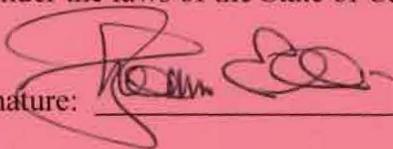
ADDRESS: 3111 CAMINO DEL RIO NO. TELEPHONE: 619-253-6479
SAN DIEGO, CALIF.

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, THOMAS ELLIS hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: APRIL 10, 2013

Signature: 

NAME: Craig Everett

AGENDA ITEM NO. R9-2013001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Advent Real Estate & Property Management

ADDRESS: 4603 Mission Blvd Suite 213 TELEPHONE: 8584010557
San Diego CA 92109

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Craig Everett hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: 

NAME: VIRGINIA FIELD

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: OFC MANAGER / TRIDENT REALTY GROUP

ADDRESS: 6106 INNOVATION WAY TELEPHONE: 858-774-7063

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, VIRGINIA FIELD hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: [Handwritten Signature]

NAME: STEVE FRAIOLI

AGENDA ITEM NO. R9-2013-0001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: BROKER / OWNER

ADDRESS: 11956 BERNARDO PLAZA DR #434 TELEPHONE: 619-887-0746

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Steve Fraioli hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: [Handwritten Signature]

NAME: ERIC BRIDEN

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Attorney - White and Berg, LLP

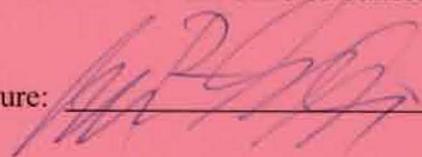
ADDRESS: 970 Canterbury Pl., Encinitas, Ca TELEPHONE: 760-747-3200

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, ERIC BRIDEN hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4-10-2013

Signature: 

NAME: Jesse Gipe

Pink?

AGENDA ITEM NO. 8

REQUEST TO ADDRESS REGIONAL BOARD

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
SAN DIEGO REGION

PLEASE PRINT LEGIBLY

MEETING DATE: 04/10/13

SUBJECT OF TESTIMONY: Opposition to new MS4 regulations

IS WRITTEN TESTIMONY BEING SUBMITTED? YES NO

TITLE/AFFILIATION: District Representative / California Senator Joel Anderson

ADDRESS: 500 Foster st Suite 201 El Cajon CA 92020

TELEPHONE: 619 396 5911

CHECK HERE IF YOU ARE REQUESTING A FORMAL HEARING TO SUBMIT SWORN TESTIMONY OR EVIDENCE FOR THE RECORD.

Please state your name and address for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE YOUR COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

NAME: Richard Hagen

AGENDA ITEM NO. R9-2013-0001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Broker Pacific Sotheby's International Realty

ADDRESS: 2850 Wamble Pl. #102 San Diego CA 92106 TELEPHONE: 619 269-2266

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Richard Hagen hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 11-10-13

Signature: [Handwritten Signature]

NAME: LINDA HARBERT

AGENDA ITEM NO. R9-2013-0001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Manager Coldwell Banker

ADDRESS: 16363 Bernardo Center S.D. Ca 92128 TELEPHONE: 858-676-6130

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, LINDA HARBERT hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: Linda Harbert

29-2d3-0001

NAME: Michelle Hellerud

AGENDA ITEM NO. _____

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Michelle Hellerud SDAR Member

ADDRESS: 7180 Barker Way TELEPHONE: 619 886-8890

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Michelle Hellerud hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/2013

Signature: 

NAME: Bill Horn

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Supervisor, County of San Diego

ADDRESS: 1600 Pacific Hwy, SD TELEPHONE: _____

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Bill Horn hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/11/13

Signature: _____

NAME: Karen Jedele

AGENDA ITEM NO. R9-~~2013-0001~~
2013-0001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Burke Real Estate Consultants-Real Estate
salesperson

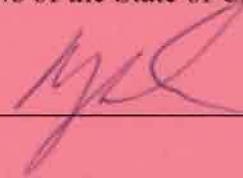
ADDRESS: 1135 Larkspur Ln TELEPHONE: 858-869-4431
Carlsbad, CA 92008

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Karen Jedele hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: 

NAME: Leslie Kilpatrick

AGENDA ITEM NO. R9-2013-001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: SAN DIEGO ASSOCIATION OF REALTORS

ADDRESS: 1630 Gregory St TELEPHONE: 619 696 6989
San Diego CA 92102

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Leslie Kilpatrick hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: Leslie Kilpatrick

NAME: Amy Kitchens

AGENDA ITEM NO. R9-20130001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Realtor®/Agent GNP Premier Partners

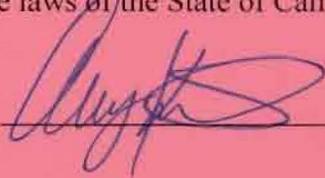
ADDRESS: 11828 Rancho Bernardo Rd TELEPHONE: (619) 507-2271

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Amy Kitchens hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: _____

Signature: 

NAME: ROBERT F. KEVANE

AGENDA ITEM NO. R-9

2013-0001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: SAN DIEGO ASSOCIATION OF REALTORS

ADDRESS: 8480 LA MESA BLVD., TELEPHONE: 619-697-2001
LA MESA

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, ROBERT F. KEVANE hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: Robert F. Kevane

NAME: LEONA KLING

AGENDA ITEM NO. R9-2013-001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Broker/officer - KW METRO

ADDRESS: 3965 5th Ave. TELEPHONE: 619-233-5935

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, LEONA KLING hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/2013

Signature: Leona Kling

NAME: BARBARA KRETS

AGENDA ITEM NO. 19-2013-0001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: SAN DIEGO BOARD OF REACTORS

ADDRESS: 4849 RONSON CT TELEPHONE: 619 985 5592

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Barbara Krets hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: Barbara Krets

NAME: ART KRYK

AGENDA ITEM NO. R9-20013-0001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: REALTOR® — SDAR *WILLIS ALLEN REAL ESTATE

ADDRESS: 360 FIFTH AVE. TELEPHONE: (619) 339-9297

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, ART KRYK hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: *Arthur J. Kryk Jr.*

NAME: Yuzana Byeev

AGENDA ITEM NO. R9-2013-009

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Burke RE Consultant

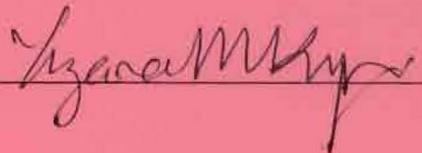
ADDRESS: 12526 High Bluff Dr, #300 TELEPHONE: 619-870-7219
San Diego CA 92130

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Yuzana hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/2013

Signature: 

NAME: James Lawson

AGENDA ITEM NO. R9-2013001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: NATOP San Diego

ADDRESS: 2488 Historic Decatur Rd. #200, San Diego TELEPHONE: 619-546-7451
CA 92106

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, James Lawson hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/11/13

Signature: 

NAME: Linda Lee

AGENDA ITEM NO. 29-2d3-0001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Greater San Diego Assoc. of REALTORS

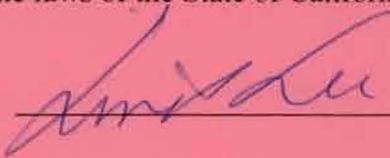
ADDRESS: 4845 Ransoh Ct SDCA 92111 TELEPHONE: 858-720-9699

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Linda Lee hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: 

NAME: BILL KLEES

AGENDA ITEM NO. 29-

2013-001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: SEAPORT REALTORS

ADDRESS: 1537 ROSECRANS ST TELEPHONE: 619-225-8200

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, BILL KLEES hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: Bill Klees

NAME: JORDAN MARKS

AGENDA ITEM NO. _____

UPPER - RA - 2013 - 0001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: GREATER SAN DIEGO ASSOCIATION OF REACTORS

ADDRESS: 4845 RIVINGTON CT., JD, CA 92111 TELEPHONE: 858-715-8000

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, JORDAN MARKS hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: 

NAME: PAM Mathison

AGENDA ITEM NO. 19-2013-0001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Pam Mathison & Associates

ADDRESS: 4121 Mt. Hukue Ave TELEPHONE: 858-541-1536

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Pamela Mathison hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: Pamela Mathison

NAME: Denise Matthis

AGENDA ITEM NO. R92013-0001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Denise E Matthis

ADDRESS: 10755 Scripps Poway Rky TELEPHONE: 858 484 4079

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Denise Matthis hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4-10-13

Signature: DE Matthis

NAME: Maria Alvarez

AGENDA ITEM NO. R9-2000-13
0007

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: President / CEO Greater San Diego Association of Realtors

ADDRESS: 4845 Ransom Ct. San Diego, CA 92111 TELEPHONE: 858-715-8000

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Maria Alvarez hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4-10-13

Signature: [Handwritten Signature]

NAME: Greg Neville

AGENDA ITEM NO. R9-2013-0001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Pacific Land Group

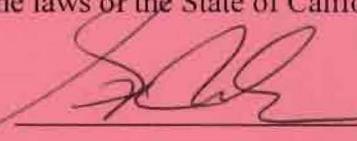
ADDRESS: 701 Palomar Airport Rd Suite 300, TELEPHONE: 760-579-8910
Carlsbad, CA 92011

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Greg Neville hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4-10-13

Signature: 

NAME: Jenni Nguyen

AGENDA ITEM NO. R9-2013-001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Keller Williams Realty - La Jolla

ADDRESS: _____ TELEPHONE: _____

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Jenni Nguyen hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: 

NAME: Jacqueline Oliver

AGENDA ITEM NO. R9-2013-0001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Broker/owner (SDAR)

ADDRESS: 402 W. Broadway #1050 TELEPHONE: 619-544-9909

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Jacqueline Oliver hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4-10-13

Signature: Jacqueline Oliver

NAME: Karen Peterson

AGENDA ITEM NO. R9-2013-0001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: member, San Diego Assoc. of Realtors / Realty Expts

ADDRESS: 16825 Dominican Dr. TELEPHONE: 858-361-5771

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, KAREN Peterson hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4-10-13

Signature: Karen Peterson

NAME: Faith Pickering

AGENDA ITEM NO. #8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: BIOCOM

ADDRESS: 4510 Executive Drive, Plaza One TELEPHONE: (652) 455-0300 x113
SD CA 92121

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Faith Pickering hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/11/2013

Signature: Faith Pickering

NAME: Rebecca Pollack Rude

AGENDA ITEM NO. R9-2013-0001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: ~~AA~~ Rebecca Rude SDA R

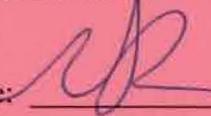
ADDRESS: 310 Travelodge Dr TELEPHONE: (619) 846-3046

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Rebecca Pollack Rude hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/2013

Signature: 

ORDER R9-2013-0001
AGENDA ITEM NO. _____

NAME: Ryan Purdy

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Greater San Diego Association of REALTORS

ADDRESS: 4845 Ponsor Ct. SD 92111 TELEPHONE: (858) 715-8005

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Ryan Purdy hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4-10-13

Signature: 

NAME: BRANDON ROBBIN

AGENDA ITEM NO. _____

ORDER - RA - 2013 - 0001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: GREATER SAN DIEGO ASSOCIATION OF REACTORS

ADDRESS: 4845 POWSON CT, SD, CA 92111 TELEPHONE: 858-715-5000

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, BRANDON ROBBIN hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: 

NAME: Lupis Sat

AGENDA ITEM NO. R9-2013-001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: McMillin Realty, Vice President of Sales

ADDRESS: 4210 Bonita Road, Suite 8 Bonita TELEPHONE: 619-701-7707

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Lupis Sat hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: Lupis Sat

NAME: Cory Shepard

AGENDA ITEM NO. R9-20B-0001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Coldwell Banker West

ADDRESS: 2300 Boswell Road, Suite 100 TELEPHONE: 619-889-8498

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Cory Shepard hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4-10-13

Signature: Cory Shepard

NAME: AlKarim Shivji

AGENDA ITEM NO. R-9-2013-001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: California Real Estate + Mortgage

ADDRESS: 9460 Mira Mesa Blvd #2 TELEPHONE: 858-663 9505

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, AlKarim Shivji hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4-10-13

Signature: 

NAME: METAMERY SIMON

AGENDA ITEM NO. R9-2013-001

R-9-2013-0001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: MET REALTY GROUP

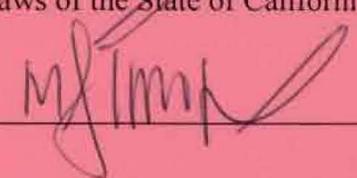
ADDRESS: 4808 MERCURY ST #105 SD CA 92111 TELEPHONE: 858-732-0747

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, METAMERY SIMON hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: 

NAME: ED SMITH

AGENDA ITEM NO. R92013
0007

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: ED SMITH

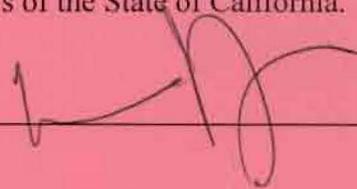
ADDRESS: 7777 AWARD RD LA MESA CA 91942 TELEPHONE: 619 778 8899

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, ED SMITH hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: 

NAME: Mantain Trust

AGENDA ITEM NO. R9-20130001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: _____

ADDRESS: _____ TELEPHONE: _____

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Sarah Smith hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4-10-13

Signature: 

NAME: PETER SOLICKI

AGENDA ITEM NO. R9-2013-0001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: GENERAL COUNSEL, SDAR

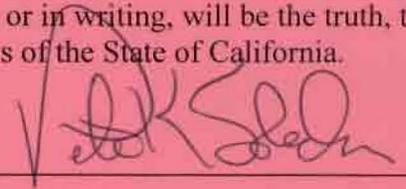
ADDRESS: 2366 FRONT ST. S.D. 92101 TELEPHONE: 619 231-8300

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, PETER K. SOLICKI hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4-10-13

Signature: 

NAME: Kate Speir

AGENDA ITEM NO. R9-2013-0001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Vice President of Risk Management / SDAR

ADDRESS: 4849 Ronson Ct Ste 211 TELEPHONE: 958 715 8022
SD, CA ~~92108~~ 92111

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Kate Speir hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: Kate Speir

NAME: ELLEN STEINBERG

AGENDA ITEM NO. A9/2013/001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: SIGNATURE REALTY

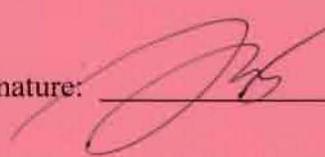
ADDRESS: 3545 COMINCO DEL RIO SOUTH TELEPHONE: _____
SD CA 92108 SUIT A

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, ELLEN STEINBERG hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 04.10.13

Signature: 

NAME: JAMES SULLIVAN

AGENDA ITEM NO. R9-2013-0001

R9-2013-0001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Willis Allen REAL ESTATE

ADDRESS: 1131 WALL ST. LA JOLLA CA TELEPHONE: 954-735-5462
92037

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, JAMES SULLIVAN hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: James Sullivan

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: COMMERCIAL REAL ESTATE AGENT
SPEARY VAN NESS FINEST CITY
ADDRESS: 4849 RANSON CT #216 TELEPHONE: 858 349 2007
SD 92111-1805

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Dorothy E Surdi hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4-10-2013 Signature: D E Surdi

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: MANAGING Director Sperry VanNess FCC (commercial)

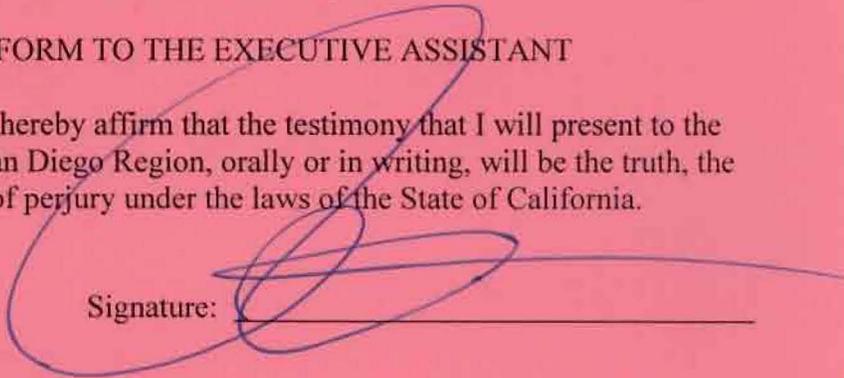
ADDRESS: 4849 RONSON CT #216 TELEPHONE: 658-452-9100
SAN Diego CA 92111

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Jim Taylor hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4-10-13

Signature: 

NAME: Fiona Thesera

AGENDA ITEM NO. R9-
2013-0001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: REALTOR Keller Williams Realty

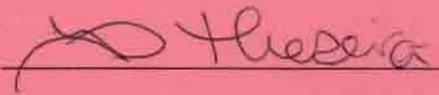
ADDRESS: 7050 Friars Rd # 100 TELEPHONE: 858-344-2213
San Diego CA 92108

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Fiona Thesera hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: 

NAME: Ann Throckmorton

AGENDA ITEM NO. R9-2013-0001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Member, Greater San Diego Association of Realtors

ADDRESS: 4925 REGIA COURT TELEPHONE: 619.994.2871
SANDIEGO, CA. 92122

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Ann Throckmorton hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/2013

Signature: Ann M. Throckmorton

NAME: Tory Walker

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

President ***PLEASE PRINT LEGIBLY***

TITLE/AFFILIATION: ~~TORY WALKER~~ / Tony R Walker Engineering, Inc

ADDRESS: 122 Civic Ctr. Drive, #206, Vista, CA TELEPHONE: (760) 414 9212

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, TORY WALKER hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10 & 4/11/13

Signature: Tory R Walker

NAME: Ryan Waterman

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Of Counsel / BIA Coalition

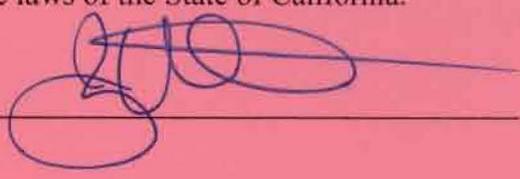
ADDRESS: 12255 El Camino Real, Ste. 100 TELEPHONE: 858-794-4100
San Diego, CA 92130

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Ryan Waterman hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/11/2013

Signature: 

NAME: K. Wilson

AGENDA ITEM NO. R9-2013-001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: KELLER WILLIAMS REALTY

ADDRESS: 12780 HIGH BLUFF, SAN DIEGO, CA 92130 TELEPHONE: (858) 720-1900

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, K. Wilson hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 2013

Signature: [Signature]

NAME: Elena Yu

AGENDA ITEM NO. R 920130001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Real Living Lifestyles

ADDRESS: 1155 E. Ocean Air Dr TELEPHONE: (858) 405-5175
San Diego, CA 92130

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Elena Yu hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4-10-2013

Signature: 

NAME: ROGER BOTTO

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: EXECUTIVE DIRECTOR CLEAN WATER NOW

ADDRESS: PO. BOX 4711 LA JOLLA, CA 92037 TELEPHONE: 949-715-1912

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Roger Botto hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: April 10, 2013

Signature: Roger Botto

NAME: SEAN KARAFIN

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: ECONOMIC POLICY ANALYST / SD COUNTY TAXPAYERS ASSOC

(619)

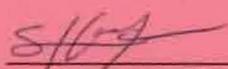
ADDRESS: 707 BROADWAY #905, SD CA 92101 TELEPHONE: 234-6423

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, SEAN KARAFIN hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: 

NAME: BARRY GRIGG

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: THE POLITICAL & Economic Conservative Alliance of SAN DIEGO

ADDRESS: 1716 BALMORAL CT TELEPHONE: 760-791-7988
SAN MARCOS

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Barry Grigg hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 10 April 2013 Signature: Barry Grigg

NAME: BRAD FOWLER

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: DIRECTOR OF PUBLIC WORKS

ADDRESS: 33282 GOLDEN LANTERN, DUNSMOUTH, CA 92629 TELEPHONE: 949 337 0512

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, BRAD FOWLER hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: APRIL 10/11, 2013

Signature: Brad Fowler

NAME: Ethem Bycer

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: San Diego Regional Economic Development Corporation

ADDRESS: 530 B ST 7th Floor TELEPHONE: 619-615-2968
San Diego, CA 92101

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Ethem Bycer hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: April 10, 2013

Signature: Ethem Bycer

NAME: VAIKKO ALLEN

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: DIRECTOR OF STORMWATER REGULATORY MANAGEMENT

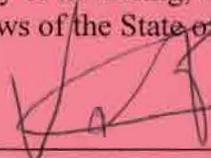
ADDRESS: OSAJ CA TELEPHONE: 310-850-1736

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, VAIKKO ALLEN hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: 

NAME: AARON FOREMAN

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: PROJECT ENGINEER, GEOSYNTEC

ADDRESS: 621 SW MORRISON ST TELEPHONE: 541 760 8104

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, AARON FOREMAN hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: [Signature]

NAME: Bob Collocott

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Private Citizen

ADDRESS: 1210 Peers Vista TELEPHONE: 714 697 5146

San Clemente

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Bob Collocott hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/2013

Signature: [Signature]

NAME: Supervisor Greg Cox

AGENDA ITEM NO. 8

Chairman

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Chairman of the Board of Supervisors, County of

San Diego

ADDRESS: 1600 Pacific Hwy TELEPHONE: _____

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Greg Cox hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/11/13

Signature: Greg Cox

NAME: Jerry Kern

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Deputy Mayor, City of Oceanside

ADDRESS: 300 N. Coast Hwy, Oceanside TELEPHONE: 760-435-3032

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Jerry Kern hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/11/13

Signature: *Jerry Kern*

NAME: Patricia Bates

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Supervisor, 5th District, County of Orange

ADDRESS: 333 W. Santa Ana Blvd, TELEPHONE: 714 834 3350
Santa Ana

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, PATRICIA P. BATES hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4-11-2013

Signature: Patricia Bates

NAME: Cheryl Cox

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Mayor, City of Chula Vista

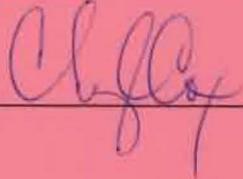
ADDRESS: 3rd Ave, Chula Vista 91910 TELEPHONE: _____

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Cheryl Cox hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/17/13

Signature: 

NAME: Gary Felien

AGENDA ITEM NO. 8
water run off regs

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Oceanside City Council

ADDRESS: 300 N Coast Hwy Oceanside TELEPHONE: 760-435-3551
92054

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Gary Felien hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/11/13

Signature: Gary Felien

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: NATIONAL CITY Mayor Row Morrison

ADDRESS: 1243 National City Blvd N.S. TELEPHONE: 619 336 4236

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Row Morrison hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: _____

Signature: 

NAME: STEVEN WEINBERG

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: MAYOR - CITY OF DANA POINT

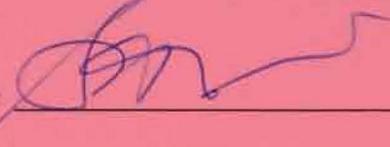
ADDRESS: 33282 GOLDEN LANTERN, DPCA TELEPHONE: 949 637-6990
92629

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, STEVEN WEINBERG hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 11 APRIL, 2013

Signature: 

NAME: James H. Knott III

AGENDA ITEM NO. B

Stormwater Permit

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Utilities Commissioner - City of Oceanside

ADDRESS: 127 Sherwin Lane TELEPHONE: (760) 721-6554

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, James H. Knott III hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 11 Apr 2013

Signature: [Handwritten Signature]

NAME: Mayor Bob Filner

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: MAYOR OF SAN DIEGO

ADDRESS: 202 C STREET 92101 TELEPHONE: 658-541-4354

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, MAYOR BOB FILNER hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4-10-13

Signature: [Handwritten Signature]
MAYOR FILNER
Bill Harms City of San Diego

NAME: Kristen Huyck

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Legislative Assist for Riverside County Supervisor
Kevin Jeffries

ADDRESS: 4080 Lemn Ave, Riverside TELEPHONE: (951) 955-1018

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Kristen Huyck hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: April 11, 2013

Signature: [Handwritten Signature]

NAME: Jason Ubley

AGENDA ITEM NO. 6

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

Riverside Co. Flood & Water Conservation District

TITLE/AFFILIATION: Chief of Watershed Protection Division

ADDRESS: 1993 Market St. TELEPHONE: 951-955-1200
Riverside CA 92501

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Jason Ubley hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/12/13

Signature: *Jason Ubley*

NAME: DAVID GARCIA

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

RIVERSIDE COUNTY
Flood Control and Water Conservation
DISTRICT

TITLE/AFFILIATION: SENIOR CIVIL ENGINEER / RCFC

ADDRESS: 1995 MARKET ST TELEPHONE: 951-955-1330

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, D. GARCIA hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/4/13

Signature: [Signature]

NAME: Patricia Romo

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Assistant Director / Riverside County Transportation Dept

ADDRESS: Riverside TELEPHONE: 951-955-6740

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Patricia Romo hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/11/13

Signature: Patricia Romo

NAME: Richard Crompton

AGENDA ITEM NO. MS4 Permit

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Director Public Works / County of San Diego

ADDRESS: 5510 Overland Ave, SD CA 92123 TELEPHONE: (619) 694-2233

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Richard Crompton hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/11/13

Signature: Richard Crompton

NAME: James O'Day

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: COUNTY of S. D.

ADDRESS: 1600 PACIFIC HWY, SAN DIEGO, CA TELEPHONE: 619 531-4869

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, James O'Day hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/11/13

Signature: [Handwritten Signature]

NAME: Todd Snyder

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: County of San Diego

ADDRESS: 5570 Overland Ave, Suite 410 TELEPHONE: 619 955 0403
San Diego, CA

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Todd Snyder hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/11/13

Signature: Todd Snyder

NAME: KEN SUSILO

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: PRINCIPAL / GEOSINTEC CONSULTANTS

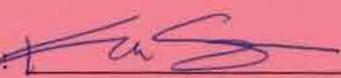
ADDRESS: 3415 S SEPULVEDA, SUITE 500, 90034 TELEPHONE: 310.957.6100

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, KEN SUSILO hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: 

NAME: BILL BROWN

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: PARTNER BROWN (WINDERS) / PORT OF SAN DIEGO

ADDRESS: 120 BLENHEIM TELEPHONE: 760 633-4485

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, William Brown hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/11/13

Signature: [Handwritten Signature]

NAME: David Burkeman

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Counsel for Riverside G. Copermiteas

ADDRESS: 624 S. Grand Ave. Ste 2200 LA 90017 TELEPHONE: 213-629-8288

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, David Burkeman hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 9/10/13

Signature: [Handwritten Signature]

NAME: Jill Witkowski

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Waterkeeper San Diego Coastkeeper

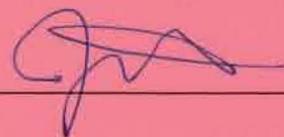
ADDRESS: 2825 Dewey Rd TELEPHONE: 619-758-7743

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Jill Witkowski hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/11/13

Signature: 

NAME: Noah Garrison

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Attorney - Natural Resources Defense Council

ADDRESS: 1314 2nd St Santa Monica, CA 90401 TELEPHONE: 310 434 2300

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Noah Garrison hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/11/13

Signature: 

NAME: Colin Kelly

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Staff Attorney / ORANGE County COASTKEEPER / Inland Empire Waterkeeper

ADDRESS: 3151 Airway Ave, STE F-110, Costa MESA TELEPHONE: 714 850 1965
CA 92626

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Colin Kelly hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/11/13

Signature: 

NAME: JIM WHALEN

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: PRESIDENT, J. WHALEN ASSOCIATES

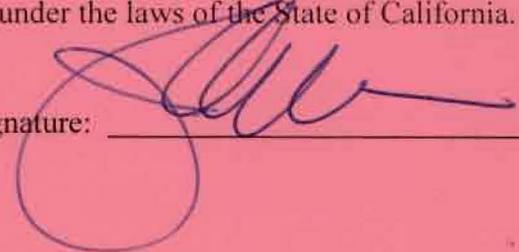
ADDRESS: 1660 HOTEL CIRCLE N, SUITE 725 TELEPHONE: 619-683-5544

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, James J Whalen hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: 

NAME: DENNIS BOWLING

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: PRINCIPAL / RICK ENGINEERING

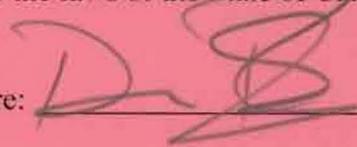
ADDRESS: 5620 FRIARS RD SD TELEPHONE: 619 688 1447
92110

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, DENNIS BOWLING hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/11/13

Signature: 

NAME: Mark Grey

AGENDA ITEM NO. _____

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: BIA/Southern CA / CICWQ

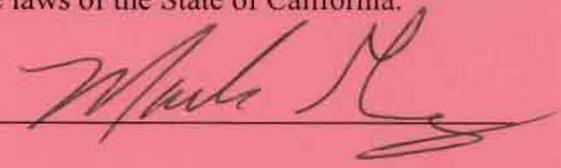
ADDRESS: 3910 11th St. Rossmore, CA TELEPHONE: 909-525-0623

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Mark Grey hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/11/13

Signature: 

NAME: SHAWN WEEBON

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: ASSOCIATE / GEOSOL INC / BIA

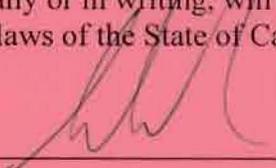
ADDRESS: 6960 FLANNERS DR. SAN DIEGO CA 92121 TELEPHONE: (619) 558-6900

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, SHAWN WEEBON hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/16/2013

Signature: 

NAME: Luis Parra

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Applied Hydrology / Applied Hydraulics Professor, SD SU

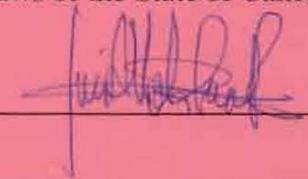
ADDRESS: ~~8807~~ 3220 Civic Center Dr, Vista, CA, 92596 TELEPHONE: 951-7756474

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Luis Parra hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/11/2013

Signature: 

NAME: MICHAEL MCSWEENEY

AGENDA ITEM NO. 29-2013-0006

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: SR. Public Policy Advisor / BIA

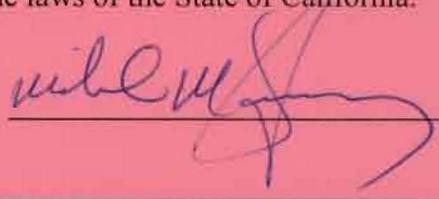
ADDRESS: 9201 Spectrum Center Blvd #110 ^{SD 92123} TELEPHONE: 858 450 1221

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Michael McSweeney hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/11/13

Signature: 

NAME: Laurie Madigan

AGENDA ITEM NO. 0001

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Executive Director

ADDRESS: 877 Island A #508 TELEPHONE: 619-990-
San Diego CA 92101 6727

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Laurie Madigan hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/11/13

Signature: Laurie Madigan

NAME: Fred Jacobsen

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Principal Environmental Specialist/SID&E (BIA Member)

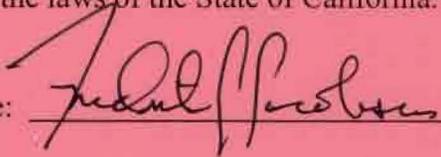
ADDRESS: 8315 Century Park Ct S.D. 92123 TELEPHONE: 958-637-3723

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Fredrik S Jacobsen hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/11/13

Signature: 

NAME: Colin Kelly

AGENDA ITEM NO. MS4
8

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Orange County Coastkeeper / Inland Empire waterkeeper

ADDRESS: Orange County TELEPHONE: _____

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Colin Kelly hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: 

NAME: Richard Crompton

AGENDA ITEM NO. M54 Permit

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Director Public Works, County of San Diego

5510 Overland Ave, Suite 410

ADDRESS: San Diego, CA 92123 TELEPHONE: (658) 694-2233

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Richard Crompton hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: Rich E Cpt

NAME: DENNIS BOWLING

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: PRINCIPAL- RICK ENGINEERING / BIA

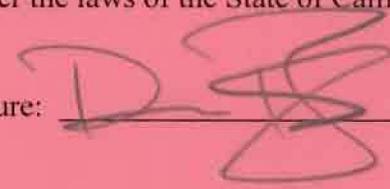
ADDRESS: 5620 FRIARS RD, SAN DIEGO ⁹²¹¹⁰ TELEPHONE: 619 688-1447

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, DENNIS BOWLING hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: 

NAME: Jill Witkowski

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: San Diego Coastkeeper, Waterkeeper

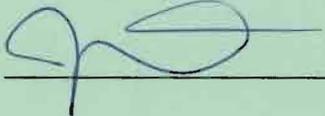
ADDRESS: 2825 Dewey Rd TELEPHONE: 619.758.774

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Jill Witkowski hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: 

NAME: Noah Garrison

AGENDA ITEM NO. MS4

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Natural Resources Defense Council

ADDRESS: Los Angeles TELEPHONE: 310 434 2300

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Noah Garrison hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: [Handwritten Signature]

NAME: Lois Parra

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: ASSOC. Professor, SDSU & Sr. Project Mgr., TRWE

ADDRESS: 122 Civic Center Drive, #122 TELEPHONE: (760) 414-9212
Vista, CA 92084

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Lois Parra hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/2013

Signature: _____

NAME: Ryan Waterman

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: Of Counsel / BIA Coalition

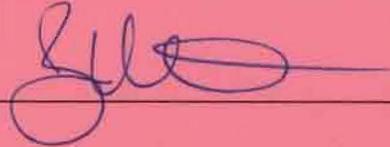
ADDRESS: 12255 El Camino Real, Ste. 100 TELEPHONE: 858-794-4100

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, Ryan Waterman hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/2013

Signature: 

M 54
PERMIT

NAME: James O'Day

AGENDA ITEM NO. PERMIT

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: County of San Diego

ADDRESS: 1600 Pacific Hwy, San Diego, CA TELEPHONE: 619/531-4865

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, James A. O'Day hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/10/13

Signature: J. O'Day

NAME: Mary Anne Skorpanich

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

TITLE/AFFILIATION: OC Watersheds Manager, County of Orange

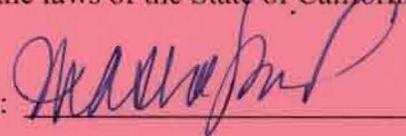
ADDRESS: 2301 N. Glassell St., Orange TELEPHONE: 714-955-0601

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, M.A. Skorpanich hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4-11-2013

Signature: 

NAME: DAVID GARCIA

AGENDA ITEM NO. 8

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*****PLEASE PRINT LEGIBLY*****

*Riverside Co. Flood +
Water Conservation District*

TITLE/AFFILIATION: SENIOR CIVIL ENGINEER

ADDRESS: 1995 Market St TELEPHONE: 951-955-1330
Riverside CA 92501

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

OATH: I, David Garcia hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 4/12/15

Signature: 