

North Coast Regional Water Quality Control Board

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ENROLLMENT FORM TO REQUEST PROJECT COVERAGE UNDER THE TERMS OF WASTE DISCHARGE REQUIREMENTS

ORDER NUMBER: R1-2024-0001

I: LANDOWNER / RESPONSIBLE PARTY CONTACT INFORMATION:

Landowner(s):	Click here to enter text.		
Address:	Click here to enter text.		
Telephone:	Click here to enter text.	E-mail:	Click here to enter text.
Responsible Party Name:	Click here to enter text.		
Address:	Click here to enter text.		
Telephone:	Click here to enter text.	E-mail:	Click here to enter text.

II: PROJECT CATEGORY (*check applicable box*):

<input type="checkbox"/>	Category C
<input type="checkbox"/>	Category D
<input type="checkbox"/>	Category E

III: PROJECT INFORMATION

Project Name (THP Number if applicable):	Click here to enter text.	Total Acreage:	Click here to enter text.
Primary Watershed:	Click here to enter text.		
Calwater No.(s):	Click here to enter text.		
Project Description for Category E Projects			

IV. SIGNATURE / CERTIFICATION

"I certify under penalty of perjury that this document and all attachments were prepared under my direction and the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. In addition, I certify that the requirements of Order No. R1-2024-0001 will be complied with."

Responsible Party Signature

Date

Printed Name