

Attachment D

**Order No. R1-2018-0011
Notice of Intent to Comply**

COUNTY, OR OTHER DISCHARGER, CONTACT INFORMATION

_____	_____
Discharger	County
_____	_____
Authorized Representative	Title
_____	_____
Telephone Number	_____
_____	_____
Email Address	Mailing Address

CERTIFICATION

I hereby certify that the discharger understands and intends to comply with all criteria and conditions of Order No. R1-2018-0011 and all applicable water quality control regulations for road projects, and their associated activities, seeking Wavier coverage, until such time as the discharger chooses to withdraw from the Five Counties Salmonid Conservation Program, or until Order R1-2018-0011 expires.

_____	_____
Signature, Authorized Representative	Date