Attachment 4



California Regional Water **Quality Control Board Central Coast Region**

Revised Notice of Intent

(Application for enrollment under Order No. R3-2005-0066 General Conditional Waiver of Waste Discharge Requirements - Timber Harvest Activities in the Central Coast Region) Fill out entire document (two pages) including signature. All fields are required. Please type or print clearly in ink. Electronic submittal is acceptable.

1. Plan or Notice Name:	Plan Number and	NTO (if applicable):	
2. Date plan was approved by CA Department of Forestry and Fire Protection (Cal Fire):			
	Applications will only be considered complete and accepted for plans approved by Cal Fire.		
3. Landowner's Contact Information:	A //		
Name:			
Address:	70 To 100		
City	State	Zip Code	
Phone:	E-mail address (optional):		
4. Timber Owner if different from the Landowner (if same leave blank):			
Name:			
Address:			
City	State	Zip Code	
Phone:	E-mail address (optional):		
5. Registered Professional Forester's Contact Information:			
Name:			
Address:			
City	State	Zip Code	
Phone:	E-mail address (optional):		
5. Name and Phone Number of Contact Person(s):			
Name:		Phone:	
Name:		Phone:	

5. Tier Level ¹ :				
	Enrollment under the General Waiver			
. 🗆	Monitoring Tiers I – III: As determined by the Eligibility Criteria. You must comply with Monitoring and Reporting Program (MRP) R3-2005-0066 revised on July 10, 2009. The MRP includes visual monitoring, Cal Fire forest practice rules compliance monitoring, and forensic monitoring.			
	Individual Waiver of Waste Discharge Requirements			
	Monitoring Tier IV: As determined by the Eligibility Criteria. The MRP will include site specific monitoring types and locations proposed by Water Board staff and approved by the Central Coast Regional Water Quality Control Board at a regularly scheduled board meeting.			
6. Certification:				
I, the Landowner named above, hereby certify under penalty of perjury that the Cal Fire- approved plan or Cal Fire-accepted notice and this Notice of Intent accurately represent site conditions on the property.				
I will report any significant change in site conditions to the Water Board (i.e. fire, landslide, etc.) as required by forensic monitoring.				
I understand that, as the Landowner, I am ultimately responsible for all activities that occur on my property.				
I also understand that I am ultimately responsible for compliance with all conditions of any Waste Discharge Requirements or Waiver of Waste Discharge Requirements (including Order No. R3-2005-0066) and associated Monitoring and Reporting Requirements issued for the above-referenced activity.				
Landowner	:	Date:		
	Print Name Signature*			
*Must receive landowner's original signature (name listed in block #2 above), blue ink preferred.				
Attachments:				
Eligibility Criteria Worksheets				
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¹ You must attach the Eligibility Criteria with worksheets to verify tier level. Eligibility Criteria worksheet are available at the Central Coast Water Board Website and upon request.