



Please contact Christopher Means at (858) 637-5581 or cmeans@waterboards.ca.gov if you have any questions regarding this matter.

Respectfully,



MICHAEL P. McCANN  
Assistant Executive Officer

MPM:cc:cjm

CIWQS Entries:

Regulatory Measure: 347272

Place: 719044

Party: 472125

cc:

Mr. Douglas J. Simpson  
The Simpson Law Firm  
1224 10<sup>th</sup> Street, Suite 201  
Coronado, CA 92118-3420

Mr. Danis Bechter  
Engineering Inspection Supervisor/NPDES Coordinator  
City of Poway  
13325 Civic Center Drive  
Poway, CA 92064

Mr. Robert Smith  
U.S. Army Corps of Engineers  
Regulatory Division  
South Coast Branch, San Diego Section  
6010 Hidden Valley Road, Ste. 105  
Carlsbad, CA 92011

Ms. Kelly Fisher  
California Department of Fish and Game  
South Coast Region  
Habitat Conservation Planning – South  
4949 Viewridge Avenue  
San Diego, CA 92123

Ms. Lisa A. Foster  
City Attorney of Poway  
460 North Magnolia Avenue  
El Cajon, CA 92020

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Dr. William & Lori Moritz  
14272 Jeane Drive  
Poway, PA 19064*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number  
(Transfer from service label)

7008 1140 0004 9971 8344

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



7008 1140 0004 9971 8344

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**U.S. Postal Service™**  
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*(Domestic Mail Only; No Insurance Coverage Provided)*  
For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage	\$ 42	Postmark Here
Certified Fee	2.65	
Return Receipt Fee (Endorsement Required)	2.15	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 6.22	

Sent to  
Street, Apt. No.,  
or PO Box No. *Dr. William & Lori Moritz*  
City, State, Zip+4 *14272 Jeane Dr.*  
*Poway, PA 19064*

PS Form 3800, August 2006 See Reverse for Instructions