

NAME: Todd Snyder

AGENDA ITEM NO. 9 ✓

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

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

TITLE/AFFILIATION: County of San Diego / Watershed Planning Mgr.

ADDRESS: 5510 Overland Ave., Suite 410 TELEPHONE: 858 694 3482

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: 5/8/13

Signature: Todd Snyder

Co. Permits

NAME: KEN SISILO

AGENDA ITEM NO. 9

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: PRINCIPAL / GEOSYNTEC CONSULTANTS

ADDRESS: 3415 S. Sepulveda # 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 Sisilo 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: 5/2/13

Signature: 

NAME: RICHARD BOON

AGENDA ITEM NO. 9 ✓
NSF PERMIT

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: COUNTY OF ORANGE

ADDRESS: 2301 N. GIBBELL ST ORANGE TELEPHONE: 714 955 0670

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 BOON 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: 5/8/13

Signature: Richard Boon

NAME: Jason Uhley

AGENDA ITEM NO. 9 ✓

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Jason Uhley Chief of Watershed Protection, Riverside County
Flood Control and Water Conservation District.

ADDRESS: 1995 Market Street 92507 TELEPHONE: 951 9551273

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 Uhley 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: 5/8/13

Signature: 

NAME: BILL BROWN

AGENDA ITEM NO. 9

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: ATTORNEY / PORT OF SAN DIEGO

ADDRESS: 120 BIRMINGHAM CARLIFE TELEPHONE: 760 637-4485

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 D. 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: 5/8/2013

Signature: William D. Brown

Part of ORGANIZED PRESENTATION

BIA

NAME: MICHAEL MCSWEENEY

AGENDA ITEM NO. 9

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: SR. Public Policy Advisor BIA

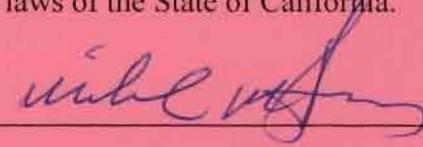
ADDRESS: 9201 SPECTRUM CTR BLVD TELEPHONE: 858 450 1221 x104

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: 9/8/13

Signature: 

NAME: DENNIS BOWLING

AGENDA ITEM NO. 9

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: RICK ENGINEERING

ADDRESS: 5620 FRIARS RD 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: 5/2/13

Signature: [Handwritten Signature]

I am part of an organized protest

BIA NAME: Tony Walker

AGENDA ITEM NO. 9

organized presentation

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: President, TRWE; BIA storm water committee

ADDRESS: 122 Civic Ctr. Drive, #206, Vista 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, Tony 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: 5/8/13

Signature: Tony R Walker

BIA

NAME: Fred Jacobsen

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

I am part of an organized presentation

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Principal Environmental Specialist BIA/SIG&E

ADDRESS: 8315 Century Park Ct San Diego, CA 92123 TELEPHONE: 858-637-3723

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: 5/8/13

Signature: [Handwritten Signature]

NAME: VAIKKO ALLEN

AGENDA ITEM NO. 9

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

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

TITLE/AFFILIATION: DIRECTOR OF STORMWATER REGULATORY MGMT. CONTECH

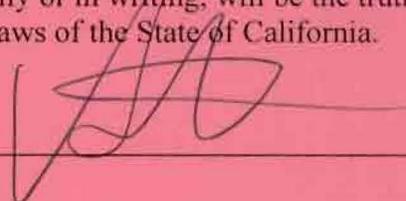
ADDRESS: 2550 BENCHMARK DR OSAJ CA TELEPHONE: 910 950 1736

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: MAY 8 / 2013

Signature: 

NAME: Mary Anne Skorpanich

AGENDA ITEM NO. 9 ✓

↳ closing remarks for permittees

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: OC watershed S, County of Orange

ADDRESS: 1301 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: 5.8.2013

Signature: *M.A. Skorpanich*

NAME: JAMES O'DAY

if needed

Q-Permit

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Senior Deputy County Counsel/County of San Diego

ADDRESS: 1600 PACIFIC HWY 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: 5/8/13

Signature: James O'Day

did not speak

NAME: Ryan Baron

AGENDA ITEM NO. 9

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

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

TITLE/AFFILIATION: County of Orange

ADDRESS: 333 W Santa Ana Blvd TELEPHONE: 714-834-3300
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, Ryan Baron 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: 5/8/13

Signature: [Signature]

did not speak

NAME: Sean Keratin

AGENDA ITEM NO. 9

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

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

TITLE/AFFILIATION: Economic Policy Analyst

ADDRESS: 707 Broadway, Ste 905 San Diego TELEPHONE: 619 234 7403

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 Keratin 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: 5.8.13

Signature: X

did not speak

NAME: S. Wayne Rosenhan

AGENDA ITEM NO. 7

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Attorney - San Diego Coalition

ADDRESS: El Camino Road San Diego TELEPHONE: 858-794-9112

I am part of an Organized Presentation

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, S. Wayne Rosenhan 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: 5/8/13

Signature: S. Wayne Rosenhan

did not speak
9

NAME: Mark Grey - BIA/SC - AGENDA ITEM NO. 9

CICWQ - BIA/SD

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Director of Environmental Affairs - CICWQ

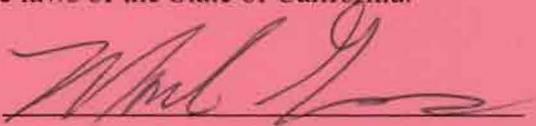
ADDRESS: 3891 11th St. Riverside TELEPHONE: 909-525-0623

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: 5-8-2013

Signature: 

did not speak

NAME: Jesse Gipe

AGENDA ITEM NO. 9

REQUEST TO ADDRESS REGIONAL BOARD

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
SAN DIEGO REGION

PLEASE PRINT LEGIBLY

MEETING DATE: 05/08/13

SUBJECT OF TESTIMONY: MS4 Permits

IS WRITTEN TESTIMONY BEING SUBMITTED? YES NO

TITLE/AFFILIATION: District Representative w/ Senator Joel Anderson

ADDRESS: 500 Fesler st Suite 201 21 Cajon CA 92020

TELEPHONE: 619 596-3136

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.

did not speak

NAME: Angeli Calmag

AGENDA ITEM NO. 9 ✓

REQUEST TO ADDRESS REGIONAL BOARD

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
SAN DIEGO REGION

PLEASE PRINT LEGIBLY

MEETING DATE: 5/8/13

SUBJECT OF TESTIMONY: MS4 permits

IS WRITTEN TESTIMONY BEING SUBMITTED? YES NO

TITLE/AFFILIATION: Office of State Senator Joel Anderson (District 36)

ADDRESS: 500 Fester Street, #201, El Cajon, CA 92020

TELEPHONE: (619) 596-3136

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: John Kemmere

AGENDA ITEM NO. 9

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

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

TITLE/AFFILIATION: Acting Water Director, USEPA, Region 9

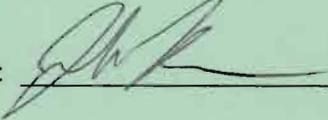
ADDRESS: 600 Wilshire Blvd, LA, CA TELEPHONE: 213-244-1832

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, John Kemmere 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: 5/8/13

Signature: 

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Clean Water Manager City of Del Mar

ADDRESS: 1050 Camino del Mar TELEPHONE: 619 994 7074
Del Mar CA 92014

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, Mikhail Ogawa 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: 5/8/13

Signature: 

NAME: Kris McFadden

AGENDA ITEM NO. 9

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

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

TITLE/AFFILIATION: City of San Diego

ADDRESS: 9370 Chesapeake Dr. TELEPHONE: 658 541 4320

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, Kris McFadden 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: 5/8/10

Signature: Kris McFadden

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

↳ of option 1, with caveats mentioned in our written + oral comments
PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: NRDC

ADDRESS: 1314 2nd St San Marcos 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: 5/8/13

Signature: [Handwritten Signature]

NAME: Jill Witkowski

AGENDA ITEM NO. 9 ✓

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Waterkeeper San Diego Coastkeeper

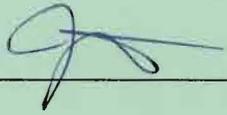
ADDRESS: 2825 Dewey Rd 92106 TELEPHONE: 619-758-7743

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: May 8, 2013

Signature: 

NAME: ROGER BUTOW

AGENDA ITEM NO. 9 ✓

NPDES

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: EXECUTIVE DIRECTOR CLEAN WATER NOW

ADDRESS: P.O. Box 4711 LAGUNA BEACH 92652 TELEPHONE: 949-715-1972

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 Butow 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: 5/08/2013

Signature: Roger Butow

NAME: Heather Strand

AGENDA ITEM NO. 9

did not speak

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Deputy City Attorney / City of San Diego

ADDRESS: 1200 3rd Ave, Suite 1100, SD 92101 TELEPHONE: 619 533 5872

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, Heather Strand 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: May 8, 2013

Signature: *Heather Strand*

did not speak
9

NAME: Glin Kelly

AGENDA ITEM NO. _____

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

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

TITLE/AFFILIATION: Staff Attorney / Orange Co. Costkeeper, Inland Empire Waterkeeper

ADDRESS: 3151 Airway Ave, Ste F-110, Costa Mesa TELEPHONE: 714 850 1965

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, Glin 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: 5/8/13

Signature: 