



State Water Resources Control Board  
**NOTICE OF INTENT**  
 TO COMPLY WITH THE TERMS OF THE  
 GENERAL PERMIT TO DISCHARGE STORM WATER  
 ASSOCIATED WITH CONSTRUCTION ACTIVITY (WQ ORDER No. 99-08-DWQ)



**I. NOI STATUS (SEE INSTRUCTIONS)**

MARK ONLY ONE ITEM	1. <input type="checkbox"/> New Construction	2. <input checked="" type="checkbox"/> Change of Information for WQID#	<b>937C337203</b>
--------------------	--	--	-------------------

**II. PROPERTY OWNER**

Name <b>CARLSBAD Public FINANCING Authority</b>		Contact Person <b>John Cahill</b>	
Mailing Address <b>1200 CARLSBAD VILLAGE DRIVE</b>		Title <b>MUNICIPAL Projects MANAGER</b>	
City <b>CARLSBAD</b>	State <b>CA</b>	Zip <b>92008</b>	Phone <b>760-602-2726</b>
Owner Type (check one) 1. <input type="checkbox"/> Private Individual 2. <input type="checkbox"/> Business 3. <input checked="" type="checkbox"/> Municipal 4. <input type="checkbox"/> State 5. <input type="checkbox"/> Federal 6. <input type="checkbox"/> Other			

**III. DEVELOPER/CONTRACTOR INFORMATION**

Developer/Contractor		Contact Person	
Mailing Address		Title	
City	State	Zip	Phone

**IV. CONSTRUCTION PROJECT INFORMATION**

Site/Project Name		Site Contact Person	
Physical Address/Location		Latitude	Longitude
City (or nearest City)		Zip	County
A. Total size of construction site area: _____ Acres		C. Percent of site imperviousness (including rooftops):	
B. Total area to be disturbed: _____ Acres (% of total _____)		Before Construction: _____ %	
		After Construction: _____ %	
D. Tract Number(s): _____		E. Mile Post Marker: _____	
F. Is the construction site part of a larger common plan of development or sale? <input type="checkbox"/> YES <input type="checkbox"/> NO		G. Name of plan or development:	
H. Construction commencement date: ____/____/____		J. Projected construction dates:	
I. % of site to be mass graded: _____		Complete grading: ____/____/____ Complete project: ____/____/____	
K. Type of Construction (Check all that apply):			
1. <input type="checkbox"/> Residential 2. <input type="checkbox"/> Commercial 3. <input type="checkbox"/> Industrial 4. <input type="checkbox"/> Reconstruction 5. <input type="checkbox"/> Transportation			
6. <input type="checkbox"/> Utility Description: _____ 7. <input type="checkbox"/> Other (Please List): _____			

**V. BILLING INFORMATION**

<input type="checkbox"/> SEND BILL TO: OWNER (as in II. above)	Name	Contact Person
<input type="checkbox"/> DEVELOPER (as in III. above)	Mailing Address	Phone/Fax
<input type="checkbox"/> OTHER (enter information at right)	City	State Zip

VI. REGULATORY STATUS

A. Has a local agency approved a required erosion/sediment control plan?  YES  NO  
 Does the erosion/sediment control plan address construction activities such as infrastructure and structures?  YES  NO  
 Name of local agency: \_\_\_\_\_ Phone: \_\_\_\_\_

B. Is this project or any part thereof, subject to conditions imposed under a CWA Section 404 permit of 401 Water Quality Certification?  YES  No  
 If yes, provide details: \_\_\_\_\_

VII. RECEIVING WATER INFORMATION

A. Does the storm water runoff from the construction site discharge to (Check all that apply):

- Indirectly to waters of the U.S.
- Storm drain system - Enter owner's name: \_\_\_\_\_
- Directly to waters of U.S. (e.g., river, lake, creek, stream, bay, ocean, etc.)

B. Name of receiving water: (river, lake, creek, stream, bay, ocean): \_\_\_\_\_

VIII. IMPLEMENTATION OF NPDES PERMIT REQUIREMENTS

A. STORM WATER POLLUTION PREVENTION PLAN (SWPPP) (check one)

A SWPPP has been prepared for this facility and is available for review. Date Prepared: \_\_\_/\_\_\_/\_\_\_ Date Amended: \_\_\_/\_\_\_/\_\_\_

A SWPPP will be prepared and ready for review by (enter date): \_\_\_/\_\_\_/\_\_\_

A tentative schedule has been included in the SWPPP for activities such as grading, street construction, home construction, etc.

B. MONITORING PROGRAM

A monitoring and maintenance schedule has been developed that includes inspection of the construction BMPs before anticipated storm events and after actual storm events and is available for review.

If checked above: A qualified person has been assigned responsibility for pre-storm and post-storm BMP inspections to identify effectiveness and necessary repairs or design changes.  YES  NO

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

C. PERMIT COMPLIANCE RESPONSIBILITY

A qualified person has been assigned responsibility to ensure full compliance with the Permit, and to implement all elements of the Storm Water Pollution Prevention Plan including:

- Preparing an annual compliance evaluation  YES  NO  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Eliminating all unauthorized discharges  YES  NO

IX. VICINITY MAP AND FEE (must show site location in relation to nearest named streets, intersections, etc.)

Have you included a vicinity map with this submittal?  YES  NO

Have you included payment of the annual fee with this submittal?  YES  NO

X. CERTIFICATIONS

"I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, 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 or imprisonment. In addition, I certify that I have read the entire General Permit, including all attachments, and agree to comply with and be bound by all of the provisions, requirements, and prohibitions of the permit, including the development and implementation of a Storm Water Pollution Prevention Plan and a Monitoring Program Plan will be complied with."

Printed Name: JOHN CAHILL

Signature: [Signature] Date: 11/9/05

Title: MUNICIPAL PROJECTS MANAGER