

NOTICE OF INTENT

319350

TO COMPLY WITH THE TERMS OF THE
GENERAL PERMIT TO DISCHARGE TO STORM WATER
ASSOCIATED WITH CONSTRUCTION ACTIVITY (WQ ORDER No. 99-08-DWQ)

I. NOI STATUS (SEE INSTRUCTIONS)

MARK ONLY ONE ITEM 1 New Construction 2 Change of Information for WDID# _____

II. PROPERTY OWNER

Name Haig Kelegian	Contact Person Dave Williams <i>Jeff Emrick 549-86-</i>		
Mailing Address 26 Sunset Cove	Title Agent		
City Newport Cliffs	State CA	Zip 92657	Phone (805) 674-4575

III. DEVELOPER/CONTRACTOR INFORMATION

Developer/Contractor Creston Real Estate	Contact Person Dave Williams		
Mailing Address P.O. Box 320	Title Agent		
City Creston	State CA	Zip 93432	Phone (805) 674-4575

IV. CONSTRUCTION PROJECT INFORMATION

Site/Project Name Kelegian Ranch		Site Contact Person Dave Williams	
Physical Address/Location Highway 58		Latitude <input type="radio"/> 35° 27'	Longitude <input type="radio"/> 120° 25'
City (or nearest City) Santa Margarita, CA		County San Luis Obispo	
A. Total size of construction site area: 412 Acres		C. Percent of site imperviousness (including rooftops): Before construction: 100 %	
B. Total area to be disturbed: 199 Acres (% of total) 48		After construction: 100 %	
F. Is the construction site part of a larger common plan of development or sale? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		D. Tract Number(s): _____	
G. Name of plan or development:		E. Mile Post Marker _____	
H. Construction commencement date: 10/02		J. Projected construction dates: Complete clearing 10/02 Complete project: 10/03	
I. % of site to be mass graded: 0 % (cleared & grubbed only)		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 checked="" type="checkbox"/> Other (Please List): Agriculture - Olives & Grazing	

V. BILLING INFORMATION

SEND BILL TO: <input type="checkbox"/> OWNER (as in II above)	Name Creston Real Estate	Contact Person Dave Williams	
<input type="checkbox"/> DEVELOPER (as in III. above)	Mailing Address P.O. Box 320	Phone/Fax (805) 674-4575/(805) 238-9578	
<input type="checkbox"/> OTHER (enter information at right)	City Creston	State CA	Zip 93432

WDID: 3 40S319350
Processing Date: November 04,2002
Fee Paid: \$500.00

RECEIVED
DIVISION OF
WATER QUALITY
NOV 10 AM '02

I. 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: County of San Luis Obispo EXEMPT 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: _____

II. RECEIVING WATER INFORMATION

A. Does the storm water runoff from the construction site discharge to (Check all that apply):
 1 Indirectly to waters of the U.S.
 2 Storm drain system - Enter owner's name: _____
 3 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): Huer Huero Creek

III. 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: 10/21/2002 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: JEFFREY EMRICK Phone: 8055498658

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:
 1. Preparing an annual compliance evaluation..... Yes No
 Name: JEFFREY EMRICK Phone: 805 549 8658
 2. Eliminating all unauthorized discharges...(SAME CONTACT AS C.1 ABOVE)..... 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 the provisions 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: Dave Williams
 Signature: [Signature] Date: 10-22-02
 Title: Agent

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER - SEE REVERSE SIDE FOR COMPLETE SECURITY FEATURES

EDA
ENGINEERING DEVELOPMENT ASSOCIATES
POST OFFICE BOX 1829
SAN LUIS OBISPO, CA 93406
(805) 549-8658

1320 NIPOMO STREET
SAN LUIS OBISPO, CA 93401
FAX (805) 549-8704

90-4252/1222

6678

PAY AMOUNT Five hundred and 00/100 DOLLARS

CHECK AMOUNT

\$ 500.00

EXPLANATION	AMOUNT
2,2748.000	
Kelloggs Death	
Bank	

DATE	TO THE ORDER OF	DESCRIPTION	CHECK NUMBER
10/22/02	State Water Resources Central Board	NOT FUL	6678

486 MARSH ST.
SAN LUIS OBISPO, CA 93401



⑈006678⑈ ⑆122242526⑆101501035⑈

SECURITY FEATURES