

North Coast Regional Water Quality Control Board

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CERTIFICATION FORM TO REQUEST PROJECT COVERAGE UNDER THE TERMS OF WAIVER OF WASTE DISCHARGE REQUIREMENTS

ORDER NUMBER: R1-2014-0011

I: LANDOWNER / RPF CONTACT INFORMATION:

Landowner(s):			
Address:			
Telephone:		E-mail:	
RPF Name:			
Address:			
Telephone:		E-mail:	

II: WAIVER CATEGORY (*check applicable box*):

<input type="checkbox"/>	<input type="checkbox"/>	Category C
<input type="checkbox"/>	<input type="checkbox"/>	Category D
<input type="checkbox"/>	<input type="checkbox"/>	Category F

II: THP INFORMATION

THP Number:		Total Acreage:	
Primary Watershed:			
Calwater No.(s):			
Silviculture Method(s):			

IV. SIGNATURE / CERTIFICATION

"I certify under penalty of perjury that this document and all attachments were prepared under my direction and 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 and imprisonment. In addition, I certify that the conditions of Categorical Waiver will be complied with."

Applicant Signature

Date

Printed Name