

## **MEMORANDUM**

To: Rik Rasmussen

Date: 02/2

02/22/07

File#

07-0105-01 S

Phone:

916-323-6225

From: OAL Front Counter

Subject:

RETURN OF APPROVED RULEMAKING MATERIALS

OAL hereby returns this Approved file your agency submitted for our review.

If this is an approved file, it contains a copy of the regulation(s) stamped "ENDORSED FILED" by the Secretary of State. The effective date of an approved file is specified on the date Form 400 (see item B.4) Note: The 30th Day after filing with the Secretary of State is calculated from the date Form 400 was stamped "ENDORSED FILED" by the Secretary of State.

## DO NOT DISCARD OR DESTROY THIS FILE

Due to its legal significance, please retain this rulemaking record. Government Code section 11347.3(d) requires that this record be available to the public and to the courts for possible later review. Government Code section 11347.3(e) further provides that "...no item contained in the file shall be removed, altered, or destroyed or otherwise disposed of ." See also the Records Management Act (Government Code section 14740 et seq.) and the State Administrative Manual (SAM) section 1600 et seq.) regarding retention of your records. If you decide not to keep this rulemaking at your agency office or at the State Records Centre, you may transmit it to the State Archives with instructions that the Secretary of State shall not remove, alter, or destroy or otherwise dispose of any item contained in the file. See Government Code section 11347.3(f)

enclosures

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	FORNIAOFFICE OF ADMI	10 Marie 10		E instructions or	For use by Secretary of State only
		N/REGULATIONS	SARMISSION	reverse)	ENDORSED FILED
OAL FILE	'4-99) NOTICE FILE NUMBER	REGULATORY AC	TION NUMBER 6 8	EMERGENCY NUMBER	HIN THE OFFICE OF
NUMBERS	Z-	07-t	2000015	<b>&gt;</b>	116 1716 0111000
For use by Office of Administrative Lew WALJAN - 5 AH 9: 59 2007 FEB 20 PM 2: 22					
			OFF	FICE OF	\
		•	ADMINIS	TRATIVE LAW	Debra Bowen
1.		•			SECHETARY OF STATE
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		•	•		
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NOTICE REGULATIONS AGENCY WITH RULEMAKING AUTHORITY					ACCRONIST BUILDED W
STATE W	ATER RESOURC	ES CONTROL BOARD		•	AGENCY FILE NUMBER (If any)
A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)					
1. SUBJECT OF I	NOTICE It to the Los Angel	as Basin Dlan	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
		4. AGENCY CON		TELEPHONE NUMBER	FAX NUMBER (Optional)
3. NOTICE TYPE Notice re		Dila Daganasa		(96) 341-5549	(9%) 341-5550
OAL USE	ACTION ON PROPOSED	NOTICE	·	NOTICE REGISTER NUMBER	PUBLICATION DATE
ONLY	Approved as Submitted	Approved as Modified	Disapproved/ Withdrawn		
B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)					
1a. SUBJECT OF REGULATION(S)  Estab. TMDL for Bacteria in Ballona Creek, Estuary, & Sepulveda Chan.					
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics-related)					
ADOPT					
SECTION(S) AFFECTED (3939.24 (List all section number(s)					
	ividually)	AMEND		•	
TITLE(S)	<del></del>	REPEAL	)		
23			•		
3. TYPE OF FILING					
Resubmittal of disapproved or with- Regular Rulemaking drawn nonemergency filing Emergency (Gov. Emergency Readopt withdrawn emergency filing					
Regular Rulemaking drawn nonemergency filling (Gov. Code, § 11346.1(b)) Code, § 11346.1(b)) withdrawn emergency filling (Gov. Code, § 11346.1(b)) (Gov. Code, § 11346.1(b))					
Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of					
Government Code §§ 11346.2 - 11346.9 prior to, or within 120 days of, the effective date of the regulations listed above.  Changes Without Regulatory Effect  Care Code 11353					
Print Only  Changes Without Regulatory Effect  (Cal. Code Regs., title 1, § 100)  Other (specify)  Gov't Code 11353					
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §§ 44 and 45)					
A REPORT OF THE PROPERTY OF TH					
5. EFFECTIVE DATE OF REGULATORY CHANGES (Gov. Code, §§ 11343.4, 11346.1(d))  Effective 30th day after  Effective on filing with  Effective  Upon Approval (Gov't Code 11353)					
filling with Secretary of State   Secretary of State   other (Specify)   other (Specify)					
Departme	ent of Finance (Form	STD. 399)	Fair Political Pr	ractices Commission	State Fire Marshal
Other (Sp					
7. CONTACT PER Rik Rasmus			(9.6) 341-5549	FAX NUMBER (Optional) (916) 341-5550	E-MAIL ADDRESS (Optional) rrasmussen@waterboards.ca.gov
8. (9.16) 341-3330   Hashitussen@waterboards.ca.gov					
I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form,					
that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or					
a designee of the head of the agency, and am authorized to make this certification.  SIGNATURE OF AGENCY HEAD OR DESIGNES.					
17/27/00					
TYPED NAME AND TITLE OF SIGNATORY					
Darrin Polhemus, Deputy Director, Division of Water Quality, State Water Resources Control Board					