

337203



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. [X] New Construction 2. [] Change of Information for WDID#

II. PROPERTY OWNER

Name: CITY OF CARLSBAD, Contact Person: JOHN CAHILL, Title: MUNICIPAL PROJECTS MANAGER, Address: 1200 CARLSBAD VILLAGE DRIVE, City: CARLSBAD, State: CA, Zip: 92008, Phone: (760)602-2726

III. DEVELOPER/CONTRACTOR INFORMATION

Developer/Contractor: SEMA CONSTRUCTION, INC., Contact Person: KALID DAWOOD, Title: PROJECT MANAGER, Address: 2 SOUTH POINTE DR., STE 295, City: LAKE FOREST, State: CA, Zip: 92630, Phone: (949)254-3277

IV. CONSTRUCTION PROJECT INFORMATION

Site/Project Name: CARLSBAD GOLF COURSE, Site Contact Person: JOHN PRZYBYSZEWSKI, Address: 5800 HIDDEN VALLEY ROAD, City: CARLSBAD, State: CA, Zip: 92009, Site Phone Number: N/A, Emergency Phone Number: (714)815-1799, A. Total size of construction site area: 400 Acres, B. Total area to be disturbed: 200 Acres, C. Percent of site imperviousness: 15%, D. Tract Number(s): 81-76, E. Mile Post Marker: N/A, F. Is the construction site part of a larger common plan of development or sale? [X] NO, G. Name of plan or development: N/A, H. Construction commencement date: 9.8.05, J. Projected construction dates: Complete grading: 4.1.06, Complete project: 7.1.07, I. % of site to be mass graded: 50%, K. Type of Construction: [X] Other (Please List): GOLF COURSE

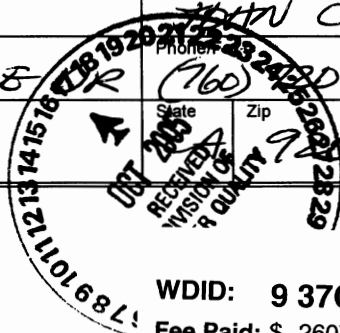
V. BILLING INFORMATION

SEND BILL TO: [X] OWNER (as in II. above), Name: CITY OF CARLSBAD, Contact Person: JOHN CAHILL, Address: 1200 CARLSBAD VILLAGE DRIVE, City: CARLSBAD, State: CA, Zip: 92008, Phone: (760)602-6917



26765

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WDID: 937C337203

Fee Paid: \$ 2607

Processing Date 10/17/05

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: CITY OF CARLSBAD Phone: (760) 602-2726

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):

1. Indirectly to waters of the U.S.
 2. Storm drain system - Enter owner's name: PUBLIC - CITY OF CARLSBAD
 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): UN-NAMED, MACCARIO CREEK, AGUA HEDIONDA LAGOON

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: 2, 1, 05 Date Amended: N/A
 A SWPPP will be prepared and ready for review by (enter date): N/A
 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: SKIP HAMMANN Phone: (760) 602-7321

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: GEORGE LITZINGER Phone: (760) 942-5147
 2. 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: SPOT BROADSTREET
 Signature: [Signature] Date: 10-14-05
 Title: PARK PLANNER, CITY OF CARLSBAD

**CARLSBAD
GOLF COURSE**

COLLEGE BLVD

AVIARA PKWY

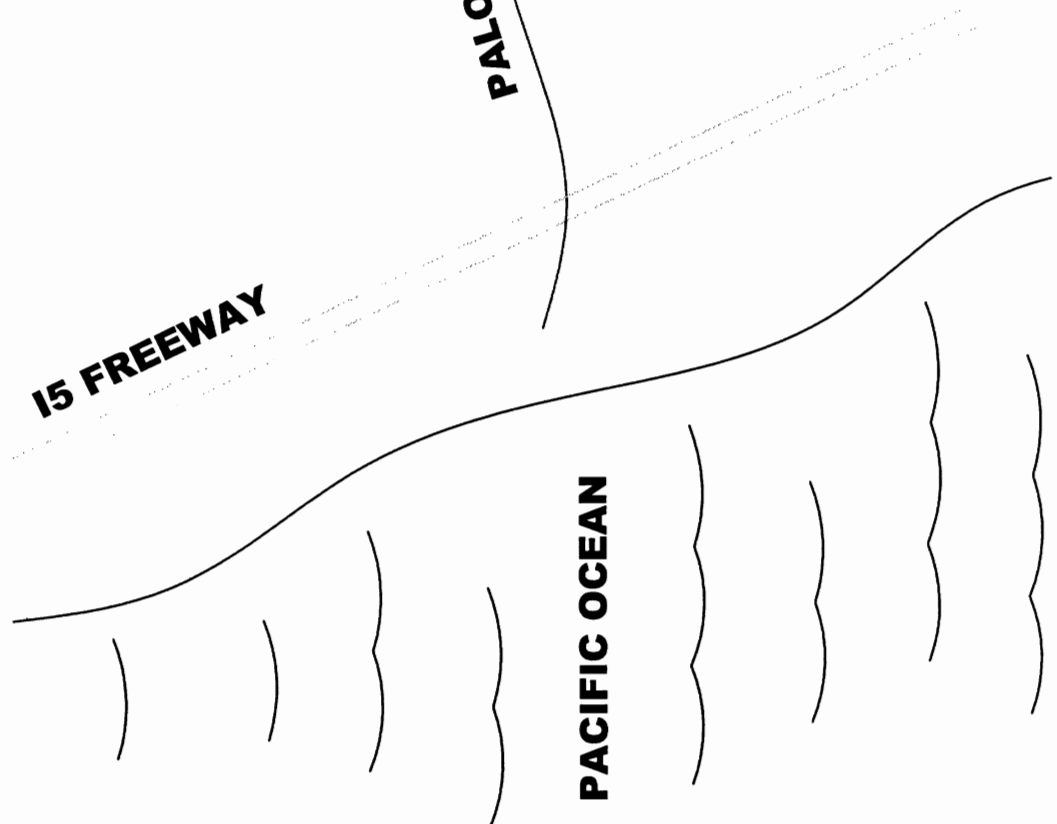
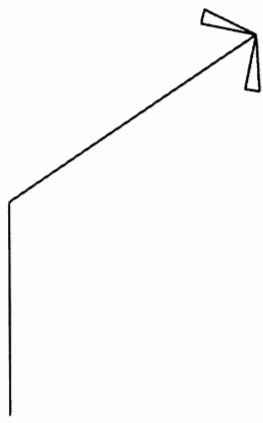
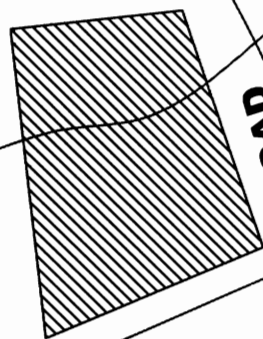
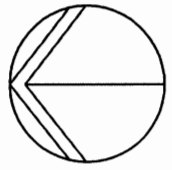
HIDDEN VALLEY ROAD

AIRPORT ROAD

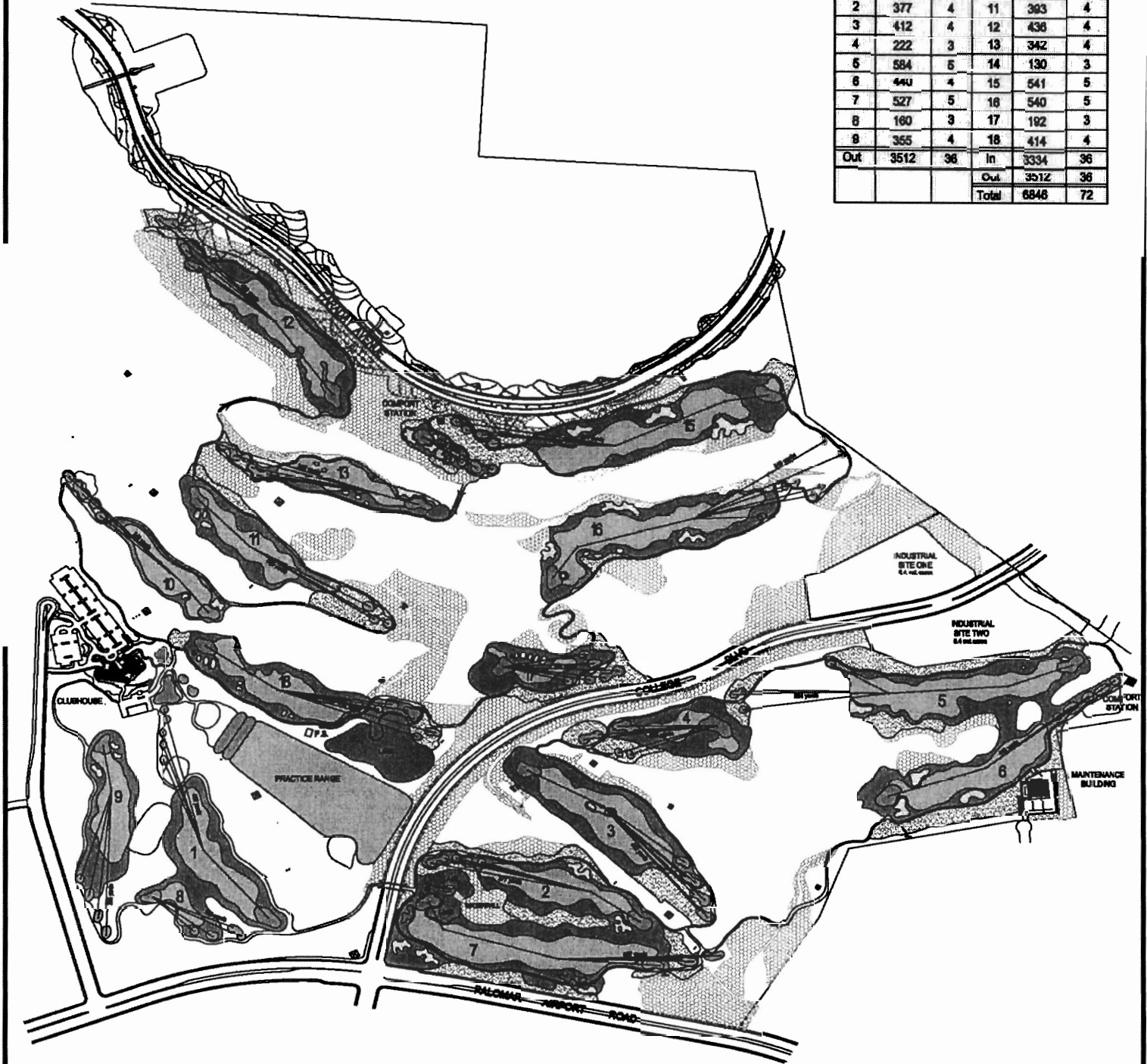
PALOMAR

15 FREEWAY

PACIFIC OCEAN



SCORECARD					
Hole	BackTee	Par	Hole	BackTee	Par
1	435	4	10	348	4
2	377	4	11	393	4
3	412	4	12	438	4
4	222	3	13	342	4
5	584	5	14	130	3
6	440	4	15	541	5
7	527	5	16	540	5
8	160	3	17	192	3
9	355	4	18	414	4
Out	3512	36	In	3334	36
			Out	3512	36
			Total	6846	72



Carlsbad Golf Course

City of Carlsbad