MAIL CERTIFICATION FORMS TO:

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
SAN DIEGO REGION
9174 Sky Park Court, Suite 100
San Diego, CA 92123
Attention: Land Discharge Unit Supervisor

Notice of Intent to Establish Temporary Wildfire Waste Staging Operation

Pursuant to Resolution No. R9-2003-0391: Attachment No. 1

Responsible Party and Facility Location Information

Name of Property Owner/Discharger:			
Mailing Address:			
City:	**County:**	**State:**	**Zip:**
Facility Contact Name:	**Phone:**		
Name of Temporary Waste Staging Facility:			
Facility Address:			
City:	**County:**	**State:**	**Zip:**
Facility Contact Name:	**Phone:**		

Certification Statement

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

Print Name: _____ **Title:** _____

Signature: _____ **Date:** _____

MAIL CERTIFICATION FORMS TO:

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
SAN DIEGO REGION
9174 Sky Park Court, Suite 100
San Diego, CA 92123
Attention: Land Discharge Unit Supervisor

Notice of Termination of Temporary Wildfire Waste Staging Operation
Pursuant to Resolution No. R9-2003-0391: Attachment No. 2

Wildfire Waste Disposal Information

Name of Property Owner/Discharger:			
Mailing Address:			
City:	**County:**	**State:**	**Zip:**
Facility Contact Name:		**Phone:**	
Name of Temporary Waste Staging Facility:			
Facility Address:			
City:	**County:**	**State:**	**Zip:**
Facility Contact Name:		**Phone:**	

Date(s) Waste Pile(s) Disposed:	**Disposal Location(s):**
Example - **November 10, 2003 4 piles equaling approximately 4 tons of fire debris waste**	**West Miramar Landfill**

Final Disposal and Termination of Operations Certification

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

Print Name: _____ **Title:** _____

Signature: _____ **Date:** _____