

NAME: Dr. Cindy Lin

AGENDA ITEM NO. 10 ✓

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: US EPA R9

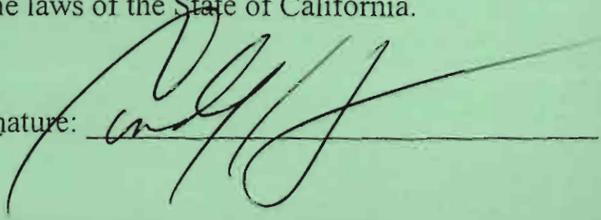
ADDRESS: 600 Wilshire Blvd, Suite 1460, LA, CA TELEPHONE: 213 244 1803

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, Cindy Lin hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 11/13/2012

Signature: 

✓

NAME: Claudio Padres

AGENDA ITEM NO. 10

**REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION**

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: senior Civil Engineer / Riverside County Flood Control and <sup>water</sup> Conservation District

ADDRESS: 1995 Market St., Riverside, CA TELEPHONE: \_\_\_\_\_

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

**OATH:** I, Claudio Padres hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 11/13/12

Signature: 

NAME: Patricia Romo

AGENDA ITEM NO. 10 ✓✓

**REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION**

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: Deputy Director Riverside County Transportation Dept  
ADDRESS: 4070 Lemon Street Riverside CA TELEPHONE: 951 955 6740

State your name and address (spell your last name) for the record prior to beginning your presentation.  
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, Patricia Romo hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 11/11/12

Signature: Patricia Romo

Please allow my time to be given  
NAME: Patricia Romo to

AGENDA ITEM NO. 10 ✓

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: Riverside County  
ADDRESS: 3525 14th St Riverside TELEPHONE: 951-955-1694

State your name and address (spell your last name) for the record prior to beginning your presentation.  
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, Claudia Steidinger hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 11/13/12

Signature: Claudia Steidinger

Chairman

NAME: Ron Roberts

AGENDA ITEM NO. 10

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: Chairman, County of San Diego Board of Supervisors

ADDRESS: 1600 Pacific Highway TELEPHONE: 619 531 5544

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, \_\_\_\_\_ hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 11/13/12

Signature: \_\_\_\_\_

Supervisor

NAME: Pam Slater-Price

AGENDA ITEM NO. 10 ✓

*REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION*

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: Board of Supervisors, County of San Diego

ADDRESS: 1600 Pacific Highway TELEPHONE: 619 531 5533

State your name and address (spell your last name) for the record prior to beginning your presentation.  
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

**OATH:** I, \_\_\_\_\_ hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 11/13/12

Signature: \_\_\_\_\_

NAME: Gary Felien

AGENDA ITEM NO. <sup>10</sup> MS4 Permit

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: Oceanside City Councilman

ADDRESS: 300 N Coast Hwy, Oceanside 92054 TELEPHONE: 760-435-3551

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, Gary Felien hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 11/13/12

Signature: Gary Felien

NAME: Pawsey Deputy Mayor AGENDA ITEM NO. 10  
JIM CUNNINGHAM

✓

**REQUEST TO ADDRESS REGIONAL BOARD**  
DURING PUBLIC FORUMS, STATUS REPORTS, WORKSHOPS AND OTHER NON-ACTION ITEMS

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: City of Pawsey Deputy Mayor

ADDRESS: Pawsey TELEPHONE: 619-871-9111

State your name and address (spell your last name) for the record prior to beginning your presentation.  
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

Meeting Date: 2/13/12

Signature: [Signature]

NAME: Todd Snyder

AGENDA ITEM NO. 10

*REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION*

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: Watershed planning Program

ADDRESS: 5510 Overland Ave TELEPHONE: 858 694-3482

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, Todd Snyder hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 11-13-12

Signature: Todd Snyder

✓

NAME: Ruth Kolb

AGENDA ITEM NO. 10

**REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION**

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: City of San Diego

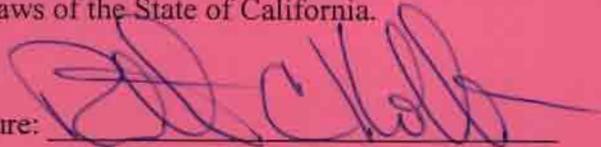
ADDRESS: 9370 Chesapeake Dr, SD TELEPHONE: 658.541.4328

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

**OATH:** I, Ruth Kolb hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 11.13.12

Signature: 

PINIC SLIPS WERE EMPTY ✓

NAME: Julie Procopio  
(speaking with San Diego Copermitees)

AGENDA ITEM NO. 1

**REQUEST TO ADDRESS REGIONAL BOARD**  
DURING PUBLIC FORUMS, STATUS REPORTS, WORKSHOPS AND OTHER NON-ACTION ITEMS

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

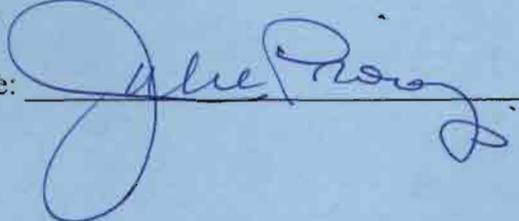
TITLE/AFFILIATION: City of Santee

ADDRESS: 10601 Magnolia Avenue TELEPHONE: 619 258-4100

State your name and address (spell your last name) for the record prior to beginning your presentation.  
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

Meeting Date: 11/13/12

Signature: 

NAME: Nancy Palmer

AGENDA ITEM NO. 10



REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: City of Laguna Niguel

ADDRESS: 30111 Crown Valley Parkway TELEPHONE: 949-362-4384

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, Nancy Palmer hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: Nov-13-2012

Signature: Nancy R Palmer

NAME: Scott Taylor

AGENDA ITEM NO. 10



**REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION**

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: Scott Taylor on behalf of OC Rblndworks

ADDRESS: 5050 Ave Encinas Carlsbad CA TELEPHONE: 760 6036272

State your name and address (spell your last name) for the record prior to beginning your presentation.  
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

**OATH:** I, Scott Taylor hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 11/13/12

Signature: [Handwritten Signature]

NAME: RICHARD BOON

AGENDA ITEM NO. 10 ✓

*REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION*

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: CHIEF OC STORMWATER PROGRAM

ADDRESS: 2301 N. GLASSSELL ST ORANGE TELEPHONE: 714 955 0670

State your name and address (spell your last name) for the record prior to beginning your presentation.  
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, RICHARD BOON hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 11/13/12

Signature: Richard Boon

NAME: Geoffrey Hunt,  
Part of DC Presentation

AGENDA ITEM NO. 12 ✓

**REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION**

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: Deputy ~~Council~~ County Council, Orange County

ADDRESS: 10 Civic Center Plaza, Santa Ana TELEPHONE: 714 834 3306

State your name and address (spell your last name) for the record prior to beginning your presentation.  
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, Geoffrey Hunt hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 10/13/2012

Signature: 

NAME: Kris McFadden

AGENDA ITEM NO. 6 ✓

**REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION**

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: Deputy Director City of San Diego

ADDRESS: 9370 Chesapeake Dr. TELEPHONE: 558 541 4320

State your name and address (spell your last name) for the record prior to beginning your presentation.  
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

**OATH:** I, Kris McFadden hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 11/13/12

Signature: [Handwritten Signature]

NAME: Jill Witkowski

AGENDA ITEM NO. 10



*REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION*

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: Waterkeeper San Diego Coastkeeper

ADDRESS: 2825 Dewey Rd TELEPHONE: 619.758.7743

State your name and address (spell your last name) for the record prior to beginning your presentation.  
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

**OATH:** I, Jill Witkowski hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 11/13/12

Signature: 

NAME: Colin Kelly

AGENDA ITEM NO. 10 ✓

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: Staff Attorney, ORANGE COUNTY COASTKEEPER, INDEPENDENCE WATERKEEPER  
ADDRESS: 3151 Airway Ave, Ste F-110, Costa Mesa, CA 92626 TELEPHONE: \_\_\_\_\_

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, Colin Kelly hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 11/13/12

Signature: 

NAME: Bryn Evans

AGENDA ITEM NO. #10 ✓

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: Industrial Environmental Association

ADDRESS: \_\_\_\_\_ TELEPHONE: 858 829 292

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, Bryn Evans hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 11-13-12

Signature: Bryn Evans

NAME: Noah Garrison

AGENDA ITEM NO. 10



**REQUEST TO ADDRESS REGIONAL BOARD**  
DURING PUBLIC FORUMS, STATUS REPORTS, WORKSHOPS AND OTHER NON-ACTION ITEMS

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: Attorney / NRDC

ADDRESS: 1314 2nd St Santa Monica, CA 90401 TELEPHONE: 310 434 2300

State your name and address (spell your last name) for the record prior to beginning your presentation.  
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

Meeting Date: 11-13-12

Signature: 

NAME: ROGER BUTOW

AGENDA ITEM NO. 10 ✓  
UPDES

**REQUEST TO ADDRESS REGIONAL BOARD**  
DURING PUBLIC FORUMS, STATUS REPORTS, WORKSHOPS AND OTHER NON-ACTION ITEMS

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: EXECUTIVE DIRECTOR CLEAR WATER NOW

ADDRESS: P.O. BOX 4711 LABONNA BE TELEPHONE: 949-715-1912  
92652

State your name and address (spell your last name) for the record prior to beginning your presentation.  
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

Meeting Date: 11/13/2012

Signature: [Handwritten Signature]

NAME: KATHI RISER

AGENDA ITEM NO. 10 ✓

**REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION**

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: GREATER SAN DIEGO CHAMBER OF COMMERCE

ADDRESS: 402 W BROADWAY 50 92101 TELEPHONE: 619-544-1378

State your name and address (spell your last name) for the record prior to beginning your presentation.  
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, KATHLEEN RISER hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 11/13/12

Signature: Kathleen Riser

NAME: PEDRO ORSO-DELMADO

AGENDA ITEM NO. 10 ✓  
✓

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: Deputy City Manager / City of San Diego

ADDRESS: 10601 Majordia Av San Diego Ca 92071 TELEPHONE: (619) 258-4100 x167

State your name and address (spell your last name) for the record prior to beginning your presentation.  
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, PEDRO ORSO-DELMADO affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 11/13/12

Signature: Pedro Orso Delmado

NAME: Tory Walker

AGENDA ITEM NO. 16

**REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION**

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: President, Tory R Walker Engineering, Inc

ADDRESS: 122 Civic Center Drive, #206, Vista, CA TELEPHONE: 760 414-9212  
92084

State your name and address (spell your last name) for the record prior to beginning your presentation.  
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

**OATH:** I, Tory Walker hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 11/13/12

Signature: Tory R Walker ✓

NAME: Bret Schanzenbach

AGENDA ITEM NO. 10 ✓

*ceding my time to Tony Walker*

**REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION**

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: CEO - Vista Chamber of Commerce

ADDRESS: 127 Main St. Vista, CA TELEPHONE: 760-726-1122

State your name and address (spell your last name) for the record prior to beginning your presentation.  
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

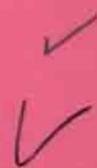
**OATH:** I, Bret Schanzenbach hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 11-13-12

Signature: *Bret Schanzenbach* ✓

NAME: THOM FULLER

AGENDA ITEM NO. 10



**REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION**

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: Decatur Advisors for SDBIA

ADDRESS: 12466 Yerba Valley Rd, Lakeside, 92040 TELEPHONE: 619-851-5121

State your name and address (spell your last name) for the record prior to beginning your presentation.  
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, Thomas A. Fuller hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 11-13-12

Signature: Thomas A. Fuller

NAME: Richard Hopkins

AGENDA ITEM NO. 10 ✓

**REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION**

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: Director of Public Works, City of Chula Vista

ADDRESS: 270 4th Avenue

TELEPHONE: 619 397-6053

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

**OATH:** I, Richard Hopkins hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: Nov 13, 2012

Signature: 

NAME: Luis Parra 6 min

AGENDA ITEM NO. ~~11~~ 10

**REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION**

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: Applied Hydrology Professor, San Diego State University

ADDRESS: 122 Civic Dr, #206, Vista, CA, 92084 TELEPHONE: 760-414-9212

State your name and address (spell your last name) for the record prior to beginning your presentation.  
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

**OATH:** I, Luis Parra hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 11/13/12

Signature: 

NAME: Tyler Lawson → Cele time to  
Luis Parra

AGENDA ITEM NO. 18 ✓

**REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION**

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: Civil Engineer

ADDRESS: 525 N. HUY 101 Ste A

TELEPHONE: 858-259-8212

State your name and address (spell your last name) for the record prior to beginning your presentation.  
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, Tyler Lawson hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 11-13-12

Signature: [Handwritten Signature]

NAME: Richard Crompton

AGENDA ITEM NO. 8/10

✓  
✓

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: Director of Public Works, County of San Diego

ADDRESS: 5510 Overland Ave, Suite 410, San Diego CA 92123 TELEPHONE: 658694-2233

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, Richard Crompton hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 11/13/12

Signature: RHC Cpt

NAME: DENNIS BOWLING

AGENDA ITEM NO. 10

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*REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION*

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: CHAIRMAN HMP TAC

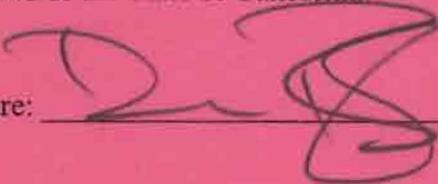
ADDRESS: 5620 FRIARS RD, SD 92110 TELEPHONE: 619 698-1447

State your name and address (spell your last name) for the record prior to beginning your presentation.  
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, DENNIS BOWLING hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 11 13/2012

Signature: 

NAME: MARK GREY

AGENDA ITEM NO. 10 (Revised) MS4 permit

**REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION**

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

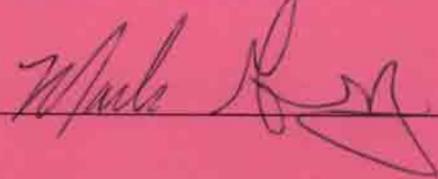
Techment  
TITLE/AFFILIATION: Director Construction Industry Coalition on Water Quality  
ADDRESS: 17744 Sky Park Circle #170 Irvine, CA TELEPHONE: 909-525-0623

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, MARK GREY hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 11/13/12

Signature: 

NAME: S. Dayne Rosenbauer

AGENDA ITEM NO. 10 ✓

**REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION**

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: Partner - Steel Rives

ADDRESS: 12255 El Camino Real TELEPHONE: 858-794-4112  
Suite 100, San Diego CA.

State your name and address (spell your last name) for the record prior to beginning your presentation.  
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

**OATH:** I, S. Dayne Rosenbauer hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 11/13/12

Signature: S. Dayne Rosenbauer

NAME: MICHAEL M'SWEENEY

AGENDA ITEM NO. 10 ✓

**REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION**

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: SR. PUBLIC POLICY ADVISOR - BIA SAN DIEGO

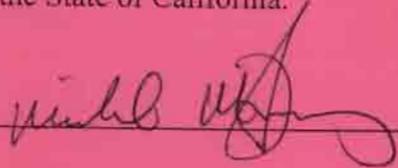
ADDRESS: 9201 SPECTRUM CENTER BLVD. SD 92123 TELEPHONE: 858-450-1221

State your name and address (spell your last name) for the record prior to beginning your presentation.  
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

**OATH:** I, Michael M'Sweeney hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: NOV 13 2012

Signature: 

NAME: JEFF O'CONNOR

AGENDA ITEM NO. 10



*REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION*

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: DIRECTOR OF OPERATIONS - OTAY LAND CO.

ADDRESS: 1903 WRIGHT ST. CARLSBAD TELEPHONE: 760-918-8200

State your name and address (spell your last name) for the record prior to beginning your presentation.  
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, JEFF O'CONNOR hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 11/13/12

Signature: JEFF O'CONNOR

NAME: SEAN KARAFIN

AGENDA ITEM NO. 10



REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: ECONOMIC POLICY ANALYST / SD COUNTY TAXPAYERS ASSOC.

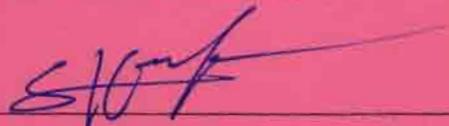
ADDRESS: 707 BROADWAY #905 SD CA 92101 TELEPHONE: 619 234 6423

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, SEAN KARAFIN hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 11/13/12

Signature: 

NAME: Erica Ryan

*OPPOSITION*

AGENDA ITEM NO. 10 ✓

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: City of San Marcos Stormwater Program *Manager*

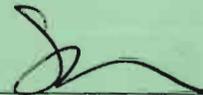
ADDRESS: 1 CIVIC Center Dr. San Marcos CA 92069 TELEPHONE: 760 744-1050 X3218

State your name and address (spell your last name) for the record prior to beginning your presentation.  
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, Erica Ryan hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 11-13-12

Signature: 

NAME: Livia Borak

AGENDA ITEM NO. MS4 Workshop

*REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION*

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: Coastal Environmental Rights Foundation

ADDRESS: 1140 S. Coast HWY 101 Encinitas CA 92024 TELEPHONE: 760-942-8505

State your name and address (spell your last name) for the record prior to beginning your presentation.  
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

**OATH:** I, Livia Borak hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 11/13/2012

Signature: 

NAME: Marco Gonzalez

AGENDA ITEM NO. MSI Workshop

*REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION*

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: Coastal Environmental Rights Foundation

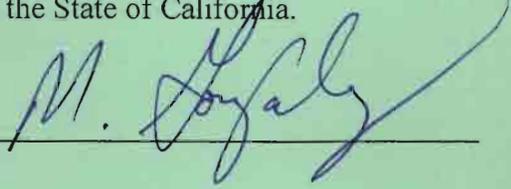
ADDRESS: 1140 S. Coast Hwy 101 Encinitas CA 92024 TELEPHONE: 760 942-8505

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, Marco Gonzalez hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 11/13/2012

Signature: 

NAME: JOHN HAMMETZSTAND

AGENDA ITEM NO. 10 ✓

→ REQUEST TO ADDRESS REGIONAL BOARD ←  
DURING PUBLIC FORUMS, STATUS REPORTS, WORKSHOPS AND OTHER NON-ACTION ITEMS

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: PUBLIC CONCERN

ADDRESS: 1739 TOBLE GRANDE RD ALPINE ET 91901 TELEPHONE: 609-922-1537-c

State your name and address (spell your last name) for the record prior to beginning your presentation.  
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

Meeting Date: \_\_\_\_\_

Signature: \_\_\_\_\_

NAME: DOUG LOGAN

AGENDA ITEM NO. 10 ✓

**REQUEST TO ADDRESS REGIONAL BOARD**  
DURING PUBLIC FORUMS, STATUS REPORTS, WORKSHOPS AND OTHER NON-ACTION ITEMS

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

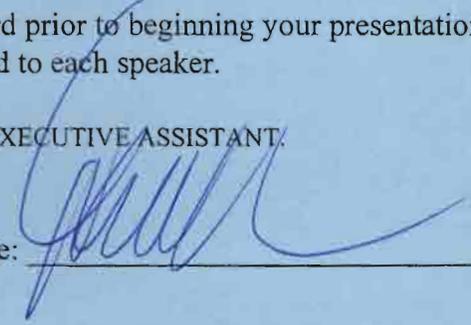
TITLE/AFFILIATION: Owner, Rancho Coastal Engr. & Surveyors

ADDRESS: 310 S. Tuna Oaks Valley Rd. TELEPHONE: 760-510-3152

State your name and address (spell your last name) for the record prior to beginning your presentation.  
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

Meeting Date: 11-13-12

Signature: 

NAME: KAREN HOLMAN

AGENDA ITEM NO. 10 ✓

**REQUEST TO ADDRESS REGIONAL BOARD**  
*SD County?*  
DURING PUBLIC FORUMS, STATUS REPORTS, WORKSHOPS AND OTHER NON-ACTION ITEMS

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

*Point of San Diego*

TITLE/AFFILIATION: MANAGER, ENVIRONMENTAL PROGRAMS

ADDRESS: 3165 PACIFIC HWY TELEPHONE: (619) 725-6073

State your name and address (spell your last name) for the record prior to beginning your presentation.  
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

Meeting Date: Nov 13, 2012

Signature: *[Handwritten Signature]*

NAME: STEWART MCCLURE

AGENDA ITEM NO. 10

✓  
L

**REQUEST TO ADDRESS REGIONAL BOARD**  
DURING PUBLIC FORUMS, STATUS REPORTS, WORKSHOPS AND OTHER NON-ACTION ITEMS

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: President - ClearWater Solutions

ADDRESS: Vista, CA. TELEPHONE: 760 801-9301

State your name and address (spell your last name) for the record prior to beginning your presentation.  
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

Meeting Date: 11/13/12

Signature: [Handwritten Signature]

NAME: VAIKKO ALLEN

AGENDA ITEM NO. W ✓✓

**REQUEST TO ADDRESS REGIONAL BOARD**  
*DURING PUBLIC FORUMS, STATUS REPORTS, WORKSHOPS AND OTHER NON-ACTION ITEMS*

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

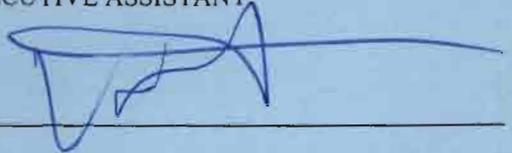
TITLE/AFFILIATION: REGULATORY DIRECTOR CONTECH ENGINEERED SOLUTIONS

ADDRESS: 2550 BOWMAK DR. OSAI CA 93023 TELEPHONE: 310-850-1736

State your name and address (spell your last name) for the record prior to beginning your presentation.  
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT

Meeting Date: 11/13/12

Signature: 

NAME: Julia Chunn Heer

AGENDA ITEM NO. MS4 <sup>workshop</sup>

**REQUEST TO ADDRESS REGIONAL BOARD**  
*DURING PUBLIC FORUMS, STATUS REPORTS, WORKSHOPS AND OTHER NON-ACTION ITEMS*

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

TITLE/AFFILIATION: Campaign Coordinator Surfider San Diego

ADDRESS: 9883 Pacific Heights Blvd Ste D San Diego 92121 TELEPHONE: 619-246-8881

State your name and address (spell your last name) for the record prior to beginning your presentation.  
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

Meeting Date: 11/13/12

Signature: 