

NAME: Dr. Cindy Lin

18 min

AGENDA ITEM NO. 10

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: USEPA R9 Liaison to San Diego Board

ADDRESS: 600 Wilshire Blvd., Los Angeles CA TELEPHONE: 213-244-1828

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: 2/11/15

Signature: [Signature]

NAME: MARY ANNE SKOEPANICH AGENDA ITEM NO. 10

(WITH RYAN BARON & CHRIS GROMPTON)
REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: COUNTY OF ORANGE 9:30 10:4

ADDRESS: 2301 N. GUNSSSELL ST TELEPHONE: 714 955 0630

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, MARY ANNE SKOEPANICH 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: 2/11/15 Signature: [Signature]

NAME: Ryan Baron

AGENDA ITEM NO. 10

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

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

TITLE/AFFILIATION: County of Orange

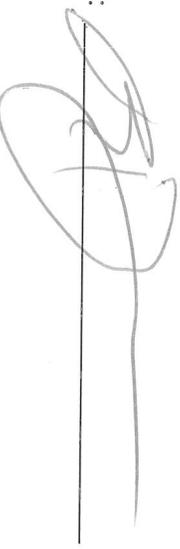
ADDRESS: PO Box 1379 TELEPHONE: 714 834 3500

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, Ryan Baron 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: 2-11-15

Signature: 

NAME: CHRIS CRONPTON

WITH RYAN BARON & STEPPANICH ✓

45 min

AGENDA ITEM NO. 10

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: COUNTY OF ORANGE

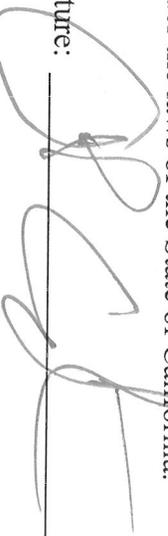
ADDRESS: 2301 N. GLASSSELL ST TELEPHONE: 714 955 0630

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, CHRIS CRONPTON 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: 2/11/15

Signature: 

NAME: Jo Ann Weber

20 min

AGENDA ITEM NO. 18

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Planning Program Manager / County of San Diego

ADDRESS: 5510 Overland Ave, Ste 418 TELEPHONE: 658-495-5317
San Diego, CA 92123

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, Jo Ann Weber 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: Feb 11, 2015

Signature: Jo Ann Weber

NAME: Jon Van Rhyne

AGENDA ITEM NO. 10

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

20 MIN

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Water Quality Program Mgr / County of San Diego

ADDRESS: 5510 Overland Ave. San Diego, CA 92123 TELEPHONE: 858-495-5133

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, Jon Van Rhyne 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: 2/11/15

Signature: 

NAME: Bob Hollis - Port of San Diego Representative AGENDA ITEM NO. 10 ✓

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

(10 min)

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: City of San Diego - 1st person

ADDRESS: 9370 Chesapeake Dr San Diego, CA TELEPHONE: 658.541.1328

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, Bob Hollis 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: 2.11.15 Signature: [Signature]

NAME: Sumer Haserin

AGENDA ITEM NO. #10

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: City of San Diego (#2)

ADDRESS: 9370 Chesapeake Dr, Suite 100 TELEPHONE: San Diego, CA 92123
858-541-4330

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, Sumer Haserin 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: 2/11/2015

Signature: Sumer Haserin

NAME: Deatner Strand (part³ of City of San Diego presentation) AGENDA ITEM NO. 10

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Deputy City Attorney / City of San Diego (B)

ADDRESS: 1200 3rd Ave, Suite 100, San Diego CA TELEPHONE: 619-533-5872

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, Deatner Strand 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: 2/11/15

Signature: *Deatner Strand*

NAME: DAVID GARCIA

Riverside City

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: ENGINEERING PROJECT MANAGER - REFC4WCD

ADDRESS: 1995 Market St. Riverside CA 92501 TELEPHONE: 951 955-1330

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: 2/11/15

Signature: [Signature]

NAME: ROBERT BUTOW

SMITH

AGENDA ITEM NO. 10 ✓

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: EXECUTIVE DIRECTOR CLEAN WATER NOW

ADDRESS: 2996 Victoria Dr B TELEPHONE: 949-715-1912
CAROLINA BEACH CA 92651

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, Robert B Butow 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: 2/11/2015

Signature: [Signature]

NAME: MIKE BEANS

AGENDA ITEM NO. 10 ✓

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: SOUTH REGIONAL CALIF ASSOCIATION

ADDRESS: PO # 91668, SOUTH REGIONAL TELEPHONE: 949, 887, 7911

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, MIKE BEANS 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: FEB 4, 2015

Signature: MIKE BEANS

NAME: MIKE BEAMAN

AGENDA ITEM NO. 10

5 min

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: SOUTH COAST WATER ASSOCIATION

ADDRESS: PO P668 TELEPHONE: 949.887.7911

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, MIKE BEAMAN 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: FEB 11, 2015

Signature: M. BEAMAN

NAME: Jeff D'Alley

AGENDA ITEM NO. 10

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

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

TITLE/AFFILIATION: SAN DIEGO COASTKEEPER, Legal + Policy Dir.

ADDRESS: 2825 Dewey Rd # 200, SAN DIEGO 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, Jeff D'Alley 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: 2/11/15

Signature: [Signature]

NAME: Marco Gonzalez

AGENDA ITEM NO. 10

*Organized
Presentation*

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Attorney for Coastal Env. Rights Foundation

ADDRESS: 1140 S. Coast Hwy 101, Encinitas CA 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: 2.11.15

Signature: M. Gonzalez

NAME: S. Wayne Rosenbaum

San Diego? Coast Ind. Coalition

AGENDA ITEM NO. 10

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION:

Speaker & Director on behalf of the Coalition
225' Broadway Suite 1900

ADDRESS:

San Diego

92101

TELEPHONE:

619-231-5858

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. Wayne Rosenbaum 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:

2/11/15

Signature:

S. Wayne Rosenbaum

NAME: MICHAEL W. SWEENEY

AGENDA ITEM NO. 10

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: St. Public Policy Advisor - BIA SAN DIEGO

ADDRESS: 9201 SPECTRUM CENTER BLVD # 40 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 W 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: 2/11/15

Signature: 

NAME:

Mark Corey

Const Ind Coa ltr Co

AGENDA ITEM NO.

10

O.C. BIA (10 minutes)

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION:

Director of Environment & Affairs

ADDRESS:

3891 11th St. Riverside

CA 92501

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 Corey

Mark Corey

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:

2/11/2015

Signature:

[Handwritten Signature]

NAME: DEVIN SIAVEN

AGENDA ITEM NO. 10

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: ENVIRONMENTAL MANAGER / CITY OF LAKE FOREST

ADDRESS: 25550 COLUMBIACRUISE DR. LAKE FOREST TELEPHONE: 949-461-3436

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, DEVIN SIAVEN 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: _____

Signature: _____

NAME:

Tracy Ingebrietsen
Inga-brietsen

AGENDA ITEM NO. 10

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION:

Senior Water Quality Analyst, City of Laguna Beach

ADDRESS:

505 Forest Ave. Laguna Beach

TELEPHONE:

949.491.0781

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, Tracy Ingebrietsen 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:

2/11/2015

Signature:

[Handwritten Signature]

NAME: _____

AGENDA ITEM NO. M54

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Richard Gardner

Capistrano

ADDRESS: Appelbel, Orange Co 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, Richard Gardner 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: 2/11/15

Signature: Richard Gardner

NAME: RAY HIEMSTRA

AGENDA ITEM NO. 10

*met orally
parco Gonzalez*

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

15 min

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION:

Associate Director Orange County Conservation

ADDRESS:

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, RAY HIEMSTRA 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:

2-11-15

Signature:

[Signature]

NAME: Penny Eira

AGENDA ITEM NO. 10

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Preserve Club

ADDRESS: 90697 Norwalk Laguna Beach TELEPHONE: 949-499-4499

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, Penny Eira 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: 11/11/15

Signature: Penny Eira

NAME: Penny Blair

AGENDA ITEM NO. 10

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Meriva Club

ADDRESS: 30600 Basilem St. Laguna Beach TELEPHONE: 949-499-4499

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, Penny Blair 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: 7/11/16

Signature: [Signature]