

NAME: BRAD FOWLER

AGENDA ITEM NO. 11

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

PLEASE PRINT LEGIBLY

SUBJECT OF TESTIMONY: SDRW@CB NPRES PERMIT ADOPTION

IS WRITTEN TESTIMONY BEING SUBMITTED? YES NO

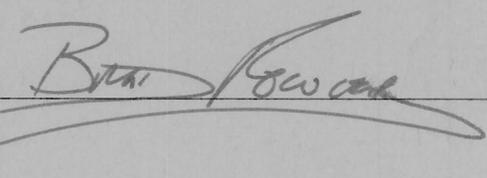
TITLE/AFFILIATION: DIRECTOR OF PUBLIC WORKS - CITY OF JANA POINT

ADDRESS: 33282 GOLDEN LANTERN, D.P. TELEPHONE: 949 337 0512

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 18, 2015

Signature: 

NAME: Scott Graves

AGENDA ITEM NO. 11

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

PLEASE PRINT LEGIBLY

SUBJECT OF TESTIMONY: Safari Highlands Ranch

IS WRITTEN TESTIMONY BEING SUBMITTED? YES NO

TITLE/AFFILIATION: Citizen

ADDRESS: 2797 Escandido CA TELEPHONE: 958-248-7653

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: 11/16/15

Signature: [Handwritten Signature]

NAME: Stuart McKibbin

AGENDA ITEM NO. 11

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

PLEASE PRINT LEGIBLY

SUBJECT OF TESTIMONY: Suggestions to improve MS4 permit

IS WRITTEN TESTIMONY BEING SUBMITTED? YES ^{previously} NO

TITLE/AFFILIATION: Chief of Watershed Protection, Riverside County Flood Control & Water Conservation District

ADDRESS: 1995 Market Street, Riverside CA 92501 TELEPHONE: 951.955.1200

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: 11/18/2015

Signature: Stuart McKibbin

NAME: REBECCA ANDREWS

AGENDA ITEM NO. 11

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

SUBJECT OF TESTIMONY: RA-2015-0100 Airport Authority / National City

IS WRITTEN TESTIMONY BEING SUBMITTED? YES NO Chela Visits

TITLE/AFFILIATION: Best Best & Krieger representing

ADDRESS: 655 W. Broadway TELEPHONE: 619-525-1300

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, Rebecca Andrews 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. 18, 2015

Signature: [Handwritten Signature]

NAME: Jeremy Jungreis

AGENDA ITEM NO. 11

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: LAGUNA BEACH / SANTA ROSA POINT CO-PERMITTEE OF
SPOC

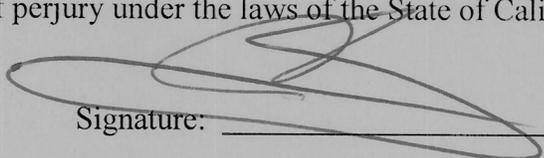
ADDRESS: RUTAN + TUCKER TELEPHONE: 760 277 4690

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, Jeremy Jungreis 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: 18 NOV 15

Signature: 

NAME: Sam Blick

AGENDA ITEM NO. 11

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Safari Highlands Ranch

ADDRESS: PO 9477, Rancho Santa Fe TELEPHONE: 858-395-1554

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, Sam Blick 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: 4/18/15

Signature: [Handwritten Signature]

NAME: CARLOS OLIVERA - elected AGENDA ITEM NO. 11
OFFICIAL

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

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

TITLE/AFFILIATION: Mayor, San Point

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, _____ 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: [Handwritten Signature]

FOR mayor
OLIVERA

NAME: BILL GREEN - FLECK OFFICIAL AGENDA ITEM NO. 11

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

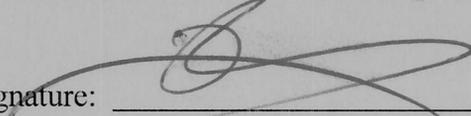
TITLE/AFFILIATION: BOARD member, south coast water district

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, _____ 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: 

FOR BOARD member GREEN

NAME: Laura Hunter

AGENDA ITEM NO. 11

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: EScondido Neighbors United

ADDRESS: 744 Quiet Hills Rd Esc TELEPHONE: 6199979983

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, Laura Hunter 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: 11-18-15

Signature: [Signature]

NAME: JEROME PENDZICK

AGENDA ITEM NO. 11

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: SURFRIDER

ADDRESS: 14245 DALHOUSIE RD, S.D. 92129 TELEPHONE: 619 823-2129

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, JEROME PENDZICK 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: 11/18/2015

Signature: Jerome C. Pendzick

NAME: MICHAEL M OS WEEVEY - BIA

AGENDA ITEM NO. 11

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

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

SUBJECT OF TESTIMONY: NPDES PERMIT

IS WRITTEN TESTIMONY BEING SUBMITTED? YES NO

TITLE/AFFILIATION: BIA / COALITION - POWER POINT

ADDRESS: 9201 SPECTRUM COURT BLVD 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, Michael McSwain 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: 4/18/15

Signature: [Handwritten Signature]

NAME: Clem Brown

AGENDA ITEM NO. 11

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

SUBJECT OF TESTIMONY: San Diego County Copermittels Comments

IS WRITTEN TESTIMONY BEING SUBMITTED? YES NO

TITLE/AFFILIATION: Program Manager, City of San Diego

ADDRESS: 9370 Chesapeake Drive Side 100 TELEPHONE: 858-541-4336

San Diego, CA 92122

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, Clem Brown 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: 11/18/15

Signature: Clem Brown

NAME: Matt O'Malley

AGENDA ITEM NO. 11

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

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

TITLE/AFFILIATION: Legal + Policy Director SD Coastkeeper

ADDRESS: 2825 Dewey Rd, SD, CA 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, Matt O'Malley 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: 11/18/15

Signature: [Handwritten Signature]

NAME: Jo Ann Weber

AGENDA ITEM NO. 11

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

*Block of
Time
under
County
of San Diego*

PLEASE PRINT LEGIBLY

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

ADDRESS: 513510 Overland Dr., Ste 410 TELEPHONE: 858-495-5317
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: Nov. 18, 2015

Signature: *Jo Ann Weber*

NAME: Mary Anne Skorpanich Orange City
AGENDA ITEM NO. 11

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

SUBJECT OF TESTIMONY: NPDES pmt - Alternative Compliance

IS WRITTEN TESTIMONY BEING SUBMITTED? YES NO

TITLE/AFFILIATION: County of Orange, Director of Environmental Resources

ADDRESS: 2201 N. Clark St. TELEPHONE: 714 955-0681

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, M.A. Skorpanich 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: 11-18-2015

Signature: [Handwritten Signature]

NAME: Julia Chunn-Heer

AGENDA ITEM NO. 11

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Policy Manager, Sixtrider Foundation

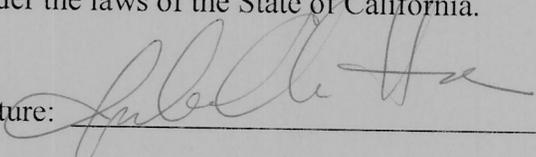
ADDRESS: _____ TELEPHONE: 619-246-8881

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

OATH: I, Julia Chunn-Heer 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: 11/19/2015

Signature: 

NAME: Mark West Had to leave early AGENDA ITEM NO. 11

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Chair Surfwater San Diego

ADDRESS: 521 Daisy Ave IB CA 91932 TELEPHONE: 619307-9242

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 West 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: 11/18/15

Signature: [Handwritten Signature]

NAME: Mandy Sackett

AGENDA ITEM NO. 11

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Chapter Manager Surfrider Foundation

ADDRESS: 7883 Pacific Hgts Blvd. San Diego TELEPHONE: 4407496845
92121

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, Amenda Sackett 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: 4/18/15

Signature: A. Sackett

NAME: DAVID SHISSLER

AGENDA ITEM NO. 11

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

PLEASE PRINT LEGIBLY

SUBJECT OF TESTIMONY: MS4 Permit

IS WRITTEN TESTIMONY BEING SUBMITTED? YES NO

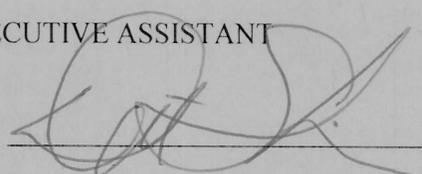
TITLE/AFFILIATION: City of Laguna Beach

ADDRESS: 505 Forest Ave TELEPHONE: 949 497 0328

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: 11/18/15

Signature: 

NAME: Ryan Baran AGENDA ITEM NO. 110
Orange Cnty

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

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

SUBJECT OF TESTIMONY: MS 4 Permit - Alternative Compliance
Orange County

IS WRITTEN TESTIMONY BEING SUBMITTED? YES NO

TITLE/AFFILIATION: Senior Deputy County Counsel

ADDRESS: _____ TELEPHONE: 714-834-5206

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 Baran 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: 11/18/5

Signature: [Signature]

NAME: Jennifer Olim

AGENDA ITEM NO. 11

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Surfrider

ADDRESS: 12158 Mornix Rd., SD TELEPHONE: 858-538-6089

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, Jennifer Olim 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. 18 / 15

Signature: Jennifer Olim

NAME: Summer Strutt

AGENDA ITEM NO. 11

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

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

TITLE/AFFILIATION: Get Cede time to Julia Chunn-Heer

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, Summer Strutt 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: 11/18/15

Signature: [Handwritten Signature]

NAME: Jon Van Rhyn

AGENDA ITEM NO. 11

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

SUBJECT OF TESTIMONY: Land development comments for County ^{San Diego} permit

IS WRITTEN TESTIMONY BEING SUBMITTED? YES NO

TITLE/AFFILIATION: Water Resource Manager

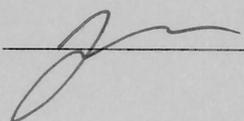
ADDRESS: 5510 Overland Ave TELEPHONE: 858-495-5133

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 Rhyn 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: 11/13/15

Signature: 

NAME: Marco Gonzalez

AGENDA ITEM NO. 11

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: CERT

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, 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: 11/18/15

Signature: M. Gonzalez