



San Diego Regional Water Quality Control Board

9771 Clairemont Mesa Blvd., Suite A
San Diego, CA 92124-1331
Phone (858) 467-2952 - FAX (858) 571-6972

10-5201.02



Gray Davis
Governor

Ca/EPA

11-98

NOTICE TO COMPLY

Permit or I.D. Number 9000510512

You are hereby notified that City of Carlsbad (hereafter Discharger)
has violated provisions of:

Order No. SD 2001-01
 NPDES Permit No. (if applicable) 2001-01 CAS0108758
 California Water Code Section _____
 Regional Basin Water Quality Control Plan Prohibitions
 Other _____

Federal, State, and Local Agency Contacts:
N/A

I. FACILITY INFORMATION

Inspection Date: 11/6/03 Time: 9:00 AM Prior Notification: Yes No Unknown
 Discharger Contact: Skip Hammann Title: Deputy City Eng. Phone: (760) 602-2780 x752
 Site Name & Location: Various Private Construction Sites County: San Diego
 Headquarters/Owner Name & Address: City of Carlsbad - 5750 EL CAMINO REAL
Carlsbad 92008

II. NON-COMPLIANCE INFORMATION

Nature of Violation :	Recommendation to Correct :	Time to Comply (Not to exceed 30 days)
*Kelley Ranch - Archstone - Pad/Sedbasin missing		8
*WASHOUTS (CONCRETE) Tall inspection		8
McKillop - Calaveras Hills - Rock Landing Area - Sediment Basin Cales.	Engineered	8
Bross - LAROR - Sediment Basin	Engineered Calc - entire site	8
Village of Lakeside/Parsons - Verify sed basins	Engineered Calc entire site	8
" " " "	" " " "	8

III. SIGNATURE SECTION

Without acknowledging noncompliance, I accept this Notice (must be owner, operator, or duly designated representative of facility):

RECIPIENT NAME (print): CONRADO HAVINMANA TITLE: DEPUTY CITY ENGINEER
 SIGNATURE: [Signature] DATE: 11/6/03
 INSPECTOR NAME: BENJAMIN TOBLER PHONE: (858) 467-2736
 SIGNATURE: [Signature] DATE: 11/6/03

IV. CERTIFICATION OF COMPLIANCE

Sign and return by mail or fax within 5 working days of achieving compliance

I certify under penalty of perjury that the above violation(s) have been corrected.
I am aware that there are significant penalties for submitting false information.

Recipient Signature: _____ Date: _____
 Print Name: _____ Title: _____

FOR REG. BD. USE ONLY

Receipt Date: 1/1
 Reviewed by: _____
 Date: _____

Acceptable:
 No
 Yes
 Recommendation: _____

ADDITIONAL INSTRUCTIONS ON BACK ➔