

✓ NAME: DR. CINDY LIN

AGENDA ITEM NO. 7

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: USEPA R9 liaison to RB9

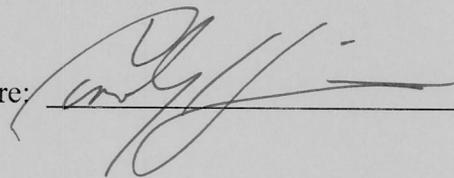
ADDRESS: 600 Wilshire Blvd, Suite 1460 TELEPHONE: 213.244.1803
L.A., CA 90017

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: 10/8/2014

Signature: 

NAME: RICHARD BOON

AGENDA ITEM NO. #7

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: COUNTY OF ORANGE

ADDRESS: 2301 N. GLASSSELL 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: 10/9/14

Signature: Richard Boon

NAME: Mary Anne Storpanich

AGENDA ITEM NO. 7

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

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TITLE/AFFILIATION: Deputy Director, OC Public Works

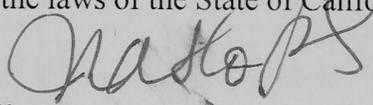
ADDRESS: 2301 N. Glassell, Orange TELEPHONE: 714 955 0601

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: 10/8

Signature: 

✓ NAME: DAVID GARCIA

AGENDA ITEM NO. 7

REQUEST TO ADDRESS REGIONAL BOARD

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
SAN DIEGO REGION

PLEASE PRINT LEGIBLY

MEETING DATE: 10/8/14

SUBJECT OF TESTIMONY: Riverside County Copermitees

IS WRITTEN TESTIMONY BEING SUBMITTED? YES NO

TITLE/AFFILIATION: Engineering Project Manager Riverside Co. Flood Control and WATER Conservation District

ADDRESS: 1995 Market St. Riverside Ca. 92501

TELEPHONE: 951-955-1330 951-955-1330

CHECK HERE IF YOU ARE REQUESTING A FORMAL HEARING TO SUBMIT SWORN TESTIMONY OR EVIDENCE FOR THE RECORD.

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PLEASE GIVE YOUR COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

NAME: Ruth Kolb

AGENDA ITEM NO. 7

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

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: City of San Diego, Storm Water

ADDRESS: 9370 Chesapeake Dr TELEPHONE: 858.571.4328

SD 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.

Meeting Date: 10/8/14

Signature: [Handwritten Signature]

✓ NAME: Heather Stroud

AGENDA ITEM NO. 7

REQUEST TO ADDRESS REGIONAL BOARD

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
SAN DIEGO REGION

PLEASE PRINT LEGIBLY

MEETING DATE: 10/8/14

SUBJECT OF TESTIMONY: MS4 permit amendment

IS WRITTEN TESTIMONY BEING SUBMITTED? YES NO

TITLE/AFFILIATION: Deputy City Attorney

ADDRESS: 1200 3rd Ave, Suite 1100, San Diego CA

TELEPHONE: 619-533-5872

CHECK HERE IF YOU ARE REQUESTING A FORMAL HEARING TO SUBMIT SWORN TESTIMONY OR EVIDENCE FOR THE RECORD.

Please state your name and address for the record prior to beginning your presentation.
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PLEASE GIVE YOUR COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

✓ NAME: Nancy Palmer

AGENDA ITEM NO. 7

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: 10/8/17

Signature: Nancy Palmer

✓
NAME: MICHAEL BEANAN

AGENDA ITEM NO. 7
N60

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

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

TITLE/AFFILIATION: SOUTH LAGUNA CIVIC ASSOCIATION

ADDRESS: P.O. 9668, S. LAGUNA, CA TELEPHONE: _____

State your name and address (spell your last name) for the record prior to beginning your presentation.
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Meeting Date: _____

Signature: M. BEANAN

NAME: Colin Kelly

AGENDA ITEM NO. 7

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

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

TITLE/AFFILIATION: STAFF ATTORNEY ORANGE COUNTY COASTKEEPER

ADDRESS: 3151 Airway Ave, STE F-110 COSTA TELEPHONE: (714) 850-1965
MESA, CA
92626

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: Oct 8, 2014

Signature: Colin Kelly

✓ NAME: ROBERT BUTOW

AGENDA ITEM NO. 7

REQUEST TO ADDRESS REGIONAL BOARD

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
SAN DIEGO REGION

PLEASE PRINT LEGIBLY

MEETING DATE: 10/09/2014

SUBJECT OF TESTIMONY: WORKSHOP - VPPES 2015-001

IS WRITTEN TESTIMONY BEING SUBMITTED? YES NO

TITLE/AFFILIATION: CLEAN WATER NOW

ADDRESS: P.O. BOX 4761 LAGUNA BEACH CA

TELEPHONE: (949) 715-1912

CHECK HERE IF YOU ARE REQUESTING A FORMAL HEARING TO SUBMIT SWORN TESTIMONY OR EVIDENCE FOR THE RECORD.

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✓ NAME: Jon Van Phyn

AGENDA ITEM NO. 7

REQUEST TO ADDRESS REGIONAL BOARD

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
SAN DIEGO REGION

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MEETING DATE: 10/9/14

SUBJECT OF TESTIMONY: Prior lawful approval

IS WRITTEN TESTIMONY BEING SUBMITTED? YES NO

TITLE/AFFILIATION: water Quality Prog. Mgr / County of San Diego

ADDRESS: 5510 Overland Ave San Diego 92123

TELEPHONE: 858-495-5133

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✓ NAME: S. Wayne Rosenbar

AGENDA ITEM NO. 7

REQUEST TO ADDRESS REGIONAL BOARD

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
SAN DIEGO REGION

PLEASE PRINT LEGIBLY

MEETING DATE: 10/8/14

SUBJECT OF TESTIMONY: BIA Coalition Presentation on Rio-Lawful App

IS WRITTEN TESTIMONY BEING SUBMITTED? YES NO

TITLE/AFFILIATION: Partner Oppera Varco

ADDRESS: 225 Broadway Suite 1900 San Diego 92101

TELEPHONE: 619-231-5858

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PLEASE GIVE YOUR COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

NAME: MICHAEL MCSWENEY

AGENDA ITEM NO. 7

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

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TITLE/AFFILIATION: SR. Public Policy ADVISOR - BIA SAN DIEGO

ADDRESS: 9201 SPECTRUM CTN BLDG # 110 SD 92123 TELEPHONE: 958-450-1221 x104

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: OCT 8 2014

Signature: 