Submitted by email August 31, 2015 at 3:36 p.m.

# CITY AND COUNTY OF SAN FRANCISCO



DENNIS J. HERRERA City Attorney

## OFFICE OF THE CITY ATTORNEY

JONATHAN P. KNAPP Deputy City Attorney

Direct Dial: (415) 554-4261 Email: jonathan.knapp@sfgov.org

August 31, 2015

Via Electronic and U.S. Mail

Attention: Jane Farewell-Jensen Division of Water Rights State Water Resources Control Board P.O. Box 2000 Sacramento, CA 95814-0100 wrhearing@waterboards.ca.gov

### Re: Notice of Intent to Appear in State Water Resource Control Board's Enforcement Proceeding Against Byron-Bethany Irrigation District.

Dear Ms. Farewell-Jensen:

Enclosed is a Notice of Intent to Appear, on behalf of the City and County of San Francisco, in the State Water Resources Control Board's hearing to determine whether to impose administrative civil liability against Byron-Bethany Irrigation District for alleged unauthorized diversion of water. Please do not hesitate to contact me if you have any questions.

Very truly yours,

DENNIS J. HERRERA Gity Attorney

Jonathan P. Knapp Deputy City Attorney

Enclosure

## NOTICE OF INTENT TO APPEAR

The City and County of San Francisco plans to participate in the water right hearing regarding (name of party or participant)

Whether to impose Administrative Civil Liability Against Byron - Bethany Irrigation District for alleged unauthorized diversion of water.

#### scheduled to commence October 28, 2015 at 9 a.m.

#### . . . . . .

Check all that apply: X I/we intend to present a policy statement only.

 $\mathbf{X}$  I/we intend to participate by cross-examination or rebuttal only.

I/we decline electronic service of hearing-related materials.

 $\underline{X}$  I/we plan to call the following witnesses to testify at the hearing.

| NAME           | SUBJECT OF PROPOSED TESTIMONY | ESTIMATED<br>LENGTH OF<br>DIRECT<br>TESTIMONY | EXPERT<br>WITNESS<br>(YES/NO) |
|----------------|-------------------------------|---|-------------------------------|
| Daniel Steiner | water availability            | one hour                                      | yes                           |
|                | ·                             |   |                               |
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(If more space is required, please add additional pages or use reverse side.)

Name, Address, Phone Number and Fax Number of Attorney or Other Representative:

| Signature:                                     | Dated: | 8/31/15 |  |
|--|--------|---------|--|
| Name (Print): Jonathan Knapp                   |        |         |  |
| Mailing<br>Address:Office of the City Attorney |        |         |  |

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