

**State Water Resources Control Board
NOTICE OF INTENT
TO COMPLY WITH THE TERMS OF THE STATEWIDE GENERAL WASTE DISCHARGE
REQUIREMENTS FOR SANITARY SEWER SYSTEMS
(WATER QUALITY ORDER NO. 2006 - 0003)**

455018098

I. Notice of Intent (NOI) Status

Mark Only One Item 1. New Permittee 2. Change of Information WQID #: 455018098

II. Agency Information

A. Legally Responsible Official Tom Odom			
B. Agency City of Rancho Palos Verdes		C. Title Director of Public Works	
D. Mailing Address 30940 Hawthorne Blvd		E. Address (Line 2)	
F. City Rancho Palos Verdes	State CA	G. Zip 90275	H. County Los Angeles
I. Phone (310) 544-5252	J. FAX (310) 544-5292	K. Email Address tomo@rpv.com	
L. Sanitary Sewer System City of Rancho Palos Verdes-Central		M. Regional Water Quality Control Board Los Angeles	
N. Agency Type (check one) 1. <input checked="" type="checkbox"/> City 2. <input type="checkbox"/> County 3. <input type="checkbox"/> State 4. <input type="checkbox"/> Federal 5. <input type="checkbox"/> Special District 6. <input type="checkbox"/> Government Combination			
O. Population of Community Served (check one) <input checked="" type="checkbox"/> Less than 50,000 <input type="checkbox"/> Greater than or equal to 50,000			

III. Billing Information

A. Agency City of Rancho Palos Verdes			
B. Contact Person Ron Drago		C. Title Senior Engineer	
D. Mailing Address 30940 Hawthorne Blvd.		E. Address (Line 2)	
F. City Rancho Palos Verdes	State CA	G. Zip 90275	H. County Los Angeles
I. Phone (310) 544-5252	J. FAX (310) 544-5292	K. Email Address rond@rpv.com	

The annual fee, which is required by the California Water Code (section 13260), is based on the daily population served by the sanitary sewer system. Additionally, an ambient water monitoring surcharge of 9 percent is required for each annual fee. The total fee is the sum of the annual fee and ambient water monitoring surcharge. Please see the instructions on completing this NOI for a detailed explanation of the fee structure.

L. Total Fee (check one)

- Population served < 50,000 – total fee submitted is \$ 1226.00
- Population served ≥ 50,000 – total fee submitted is \$ 6,577.00

A check for the appropriate total fee amount should be made payable to SWRCB and mailed with this completed NOI to the following address:

State Water Board Accounting Office
P O Box 1888
Attn: SSO Fees
Sacramento, CA 95812-1888

SWRCB Tax ID is: 68-0281986

INVOICE NUMBER	INVOICE DATE	DESCRIPTION	NET AMOUNT
		Initial WDID-Abalone Cove	
		<p>2362 CK# 52133 040512 1226.00 005612 JL 302632 ACCT #2 _____ AMT \$ _____</p>	
		4/5: PO awaiting dept. approval.	
DATE		TOTALS	\$1,226.00

THIS CHECK IS VOID WITHOUT A BLUE AND GREEN BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW.

Check No. **52133**

CITY OF RANCHO PALOS VERDES
 30940 HAWTHORNE BOULEVARD
 RANCHO PALOS VERDES, CA 90275

PAY*One thousand two hundred twenty six dollars and 00/100

DATE
04/05/1

PAY THIS AMOUNT
*****\$1,226.00**

Pay To The Order of
**SWRCB
 Attn: SSO Fees
 P.O. Box 1888
 Sacramento, CA 95812-1888**


 FINANCE (BOARDER CONTAINING MICROPRINTING)