

**State of California  
Office of Administrative Law**

**In re:**  
State Water Resources Control Board

**NOTICE OF APPROVAL OF REGULATORY  
ACTION**

**Regulatory Action:**

**Government Code Section 11353**

**Title 23, California Code of Regulations**

**OAL File No. 2008-1023-01 S**

**Adopt sections: 3939.33**

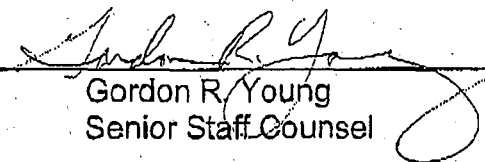
**Amend sections:**

**Repeal sections:**

This action is the State Water Resources Control Board's approval of the Los Angeles Regional Water Quality Control Board's amendments of the Los Angeles Region Basin Plan establishing a Total Maximum Daily Load (TMDL) for bacteria at Kiddie Beach and Hobie Beach located in Channel Islands Harbor.

OAL approves this regulatory action pursuant to section 11353 of the Government Code.

Date: 12/9/2008

  
Gordon R. Young  
Senior Staff Counsel

For: SUSAN LAPSLEY  
Director

Original: Dorothy Rice  
Copy: Nick Martorano

# REGULAR

STD. 400 (REV. 01-08)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER 2008-1023-01S	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only.			
NOTICE		REGULATIONS	

2008 OCT 23 AM 9:58  
OFFICE OF ADMINISTRATIVE LAW

2008 DEC -9 PM 2:21

AGENCY WITH RULEMAKING AUTHORITY State Water Resources Control Board	AGENCY FILE NUMBER (if any) 2008-0072
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### A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE Amendment to the Los Angeles Basin Plan	TITLE(S) 23	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON Nick Martorano	TELEPHONE NUMBER (916) 341-5980	FAX NUMBER (Optional) (916) 341-5550
OAL USE ONLY <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	ACTION ON PROPOSED NOTICE	NOTICE REGISTER NUMBER	PUBLICATION DATE

### B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) TMDL for Bacteria in the Harbor Beaches of Ventura County	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	ADOPT 3939.33
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	AMEND
TITLE(S) 23	REPEAL

3. TYPE OF FILING

<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input checked="" type="checkbox"/> Other (Specify) <u>Gov. Code 11353</u>	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.2)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

<input type="checkbox"/> Effective 30th day after filing with Secretary of State	<input type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> §100 Changes Without Regulatory Effect	<input checked="" type="checkbox"/> Effective other (Specify) <u>Upon Approval (Gov. Code 11353)</u>
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify)		

7. CONTACT PERSON Nick Martorano	TELEPHONE NUMBER (916) 341-5980	FAX NUMBER (Optional) (916) 341-5550	E-MAIL ADDRESS (Optional) nmartorano@waterboards.ca.gov
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I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE 	DATE 10/6/08
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TYPED NAME AND TITLE OF SIGNATORY  
Darrin Polhemus, Deputy Director, Division of Water Quality, State Water Resources Control Board