

Attachment D

Order R1-2023-0034

Notice of Intent to Comply

COUNTY, OR OTHER DISCHARGER, CONTACT INFORMATION

Discharger:

County:

Authorized Representative and Title:

Telephone Number:

Email Address

Mailing Address:

CERTIFICATION

I hereby certify that the discharger understands and intends to comply with all criteria and conditions of Order No. R1-2023-0034 and all applicable water quality control regulations for road projects, and their associated activities, seeking Wavier coverage, until such time as the discharger chooses to withdraw from the Five Counties Salmonid Conservation Program, or until Order R1-2023-0034 expires.

Signature, Authorized Representative:

Date: