



Irrigated Lands Program
California Regional Water Quality Control Board
Central Valley Region

<http://www.waterboards.ca.gov/centralvalley>

SUPPLEMENTAL APPLICATION
for Regional Board Approval to Join a Coalition Group

1. APPLICANT NAME:	2. BUSINESS NAME (if applicable):	
3. MAILING ADDRESS:		
4. PARCEL NUMBERS (APN):		
5. PLEASE ADDRESS THE FOLLOWING QUESTIONS TO THE BEST OF YOUR KNOWLEDGE:		
Have you ever been contacted or provided information by a Coalition Group?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) _____ Group _____
Have you ever been a member of a Coalition Group?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) _____ Group _____
Have you ever been contacted or provided information by the Central Valley Water Board?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) _____ Please Describe _____
Do you participate in any other Central Valley Water Board Programs or hold any permits issued by the Central Valley Water Board?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please Describe _____
6. PLEASE EXPLAIN WHY THE OWNER / OPERATOR / BUSINESS REPRESENTATIVE DID NOT JOIN A COALITION GROUP PRIOR TO THE 31 DECEMBER 2006 DEADLINE:		
_____ _____ _____ _____		
<i>"I certify under penalty of law that to the best of my knowledge and belief, this document and any attachments submitted is, true, accurate, and complete and was prepared by me or under my direction or supervision. I am aware that there are significant penalties for knowingly submitting false information."</i>		
7. SIGNATURE OF APPLICANT	9. DATE	10. CONTACT INFORMATION
8. TITLE OF APPLICANT		Phone# Fax# Email

Instructions for completing this form are listed on reverse

**SUPPLEMENTAL APPLICATION FOR REGIONAL BOARD
APPROVAL TO JOIN A COALITION GROUP
INSTRUCTIONS FOR FORM ILP-5.1**

Box 1. Indicate the name of the applicant.

Box 2. Indicate the business name, if applicable.

Box 3. Indicate the mailing address of the applicant.

Box 4. In this box list all Assessor Parcel Numbers (APNs) of properties owned and/or operated for which enrollment is requested.

Box 5. Check the boxes that apply:

- a) Has the applicant been contacted or provided information by a Coalition Group? This includes mailings regarding the group and/or informational presentations given by the group at agricultural meetings. State the date the applicant was contacted and by which Coalition Group.
- b) Has the applicant ever been a member of a Coalition Group? Please state which group, and the dates of participation in the group.
- c) Has the applicant been contacted or provided information by the Central Valley Water Board regarding the Irrigated Lands Program. This includes any mailings from the Regional Board and presentations given by Central Valley Water Board staff at grower meetings. Please state when the applicant was contacted.
- d) Does the applicant participate in other Central Valley Water Board programs (e.g., Dairy Regulatory Program, Timber Harvest Program, etc.) or hold any permits issued by the Central Valley Water Board. Please state which program and provide permit numbers, if applicable.

Box 6. Please explain, in detail, the circumstances as to why the owner/operator/business representative did not enroll the listed parcels in a Coalition Group before the 31 December 2006 deadline.

Attach any available supporting documentation.

Box 7. Signature of the applicant.

Box 8. Title of the applicant, such as owner, operator, business representative.

Box 9. Date the applicant signed the document.

Box 10. Contact information for the applicant, including phone number, fax number, and email.

Send completed forms to:

Central Valley Water Board
Irrigated Lands Conditional Waiver Program
Attention: Kelly Briggs
11020 Sun Center Dr., Ste. 200
Rancho Cordova, CA 95670