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Gregory J. Newmark  
*Attorney at Law*  
gnewmark@meyersnave.com



**RECEIVED**

**MAY 02 2011**

**COMMISSION ON  
STATE MANDATES**

April 28, 2011

Nancy Patton, Assistant Executive Director  
Commission on State Mandates  
980 Ninth Street, Suite 300  
Sacramento, CA 95814

**Re: Test Claim No. 10-TC-02  
City of Alameda's Designation of Co-Claimants**

Dear Ms. Patton:

We are writing on behalf of the City of Alameda to designate the County of Alameda, the Cities of Albany, Berkeley, Dublin, Emeryville, Fremont, Hayward, Livermore, Newark, Oakland, Pleasanton, San Leandro, Union City, the Alameda County Flood Control & Water Conservative District, and Alameda County Flood Control and Water Conservation, Zone 7 (hereinafter "Alameda County Jurisdictions") as co-claimants in Test Claim No. 10-TC-02.

On October 13, 2010, the City of Alameda filed a test claim pertaining to the California Regional Water Quality Control Board, San Francisco Bay Region, Order No. R2-2009-0074 (hereinafter "Order"), asserting the Order was a reimbursable state-mandated program pursuant to article XIII B, section 6 of the California Constitution and Government Code section 17514.

On October 14, 2010, the rest of the Alameda County Jurisdictions filed test claims pertaining to the Order. These filings were not accepted on the ground that the City of Alameda's test claim was the first filed.

As you know from our telephone conversations on the subject, the Commission's regulations provide that test claims may be prosecuted jointly by two or more claimants if the claimants attest to all of the following:

1. The claimants allege the state-mandated costs result from the same statute or executive order;
2. The claimants agree on all issues of the test claim; and
3. The claimants have designated one contact person to act as the resource for information regarding the test claim.

Nancy Patton, Assistant Executive Director

April 28, 2011

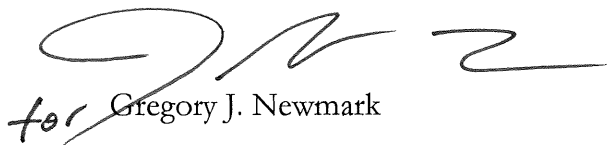
Page 2

Cal. Code Regs., tit. 2, § 1183, subd. (h).

To effectuate the designation of the rest of the Alameda County Jurisdictions as co-claimants with the City of Alameda in Test Claim No. 10-TC-02, as a joint effort between the Alameda County Jurisdictions, enclosed are new Test Claim forms from those jurisdictions. These Test Claim forms constitute documentation that each co-claimant asserts that state-mandated costs resulted from the Order, and designate me as the sole contact person to act as the resource for information regarding Test Claim No. 10-TC-02. In accordance with your direction in our prior telephone calls, we are not re-submitting declarations for all jurisdictions because the Commission has retained copies of the declaration for each Alameda County Jurisdiction. These declarations demonstrate that the co-claimants agree on all issues of Test Claim No. 10-TC-02.

In summary, and for the foregoing reasons, the City of Alameda hereby properly designates all Alameda County Jurisdictions as co-claimants in Test Claim No. 10-TC-02. Please do not hesitate to contact me if you have any questions.

Sincerely,

  
for Gregory J. Newmark

GJN:ejg  
Enclosures  
1618465.1

DECLARATION OF SERVICE BY EMAIL

I, the undersigned, declare as follows:

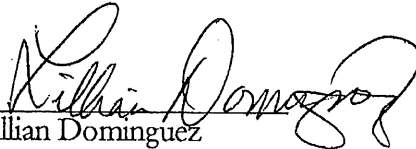
I am a resident of the County of Los Angeles and I am over the age of 18 years, and not a party to the within action. My place of employment is 333 South Grand Avenue, Suite 1670, Los Angeles, California 90071.

On April 29, 2011, I served the:

1. City of Alameda's Designation of Co-Claimants

by electronically filing it on the Commission's website, which provides notice of how to locate it to the email addresses provided on the test claim mailing list.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on April 29, 2011, at Los Angeles, California.

  
Lillian Dominguez

**1. TEST CLAIM TITLE**

Calif. Reg. Water Quality Control Board, San Francisco Bay Region, Order # R2-2009-0074

**2. CLAIMANT INFORMATION**

City of Albany  
Name of Local Agency or School District  
Nicole Almaguer  
Claimant Contact  
Environmental Specialist  
Title  
1000 San Pablo Avenue  
Street Address  
Albany, California 94706  
City, State, Zip  
510.528.5754  
Telephone Number  
510.524.9359  
Fax Number  
nalmaguer@albanyca.org  
E-Mail Address

**3. CLAIMANT REPRESENTATIVE INFORMATION**

Claimant designates the following person to act as its sole representative in this test claim. All correspondence and communications regarding this claim shall be forwarded to this representative. Any change in representation must be authorized by the claimant in writing, and sent to the Commission on State Mandates.

Gregory J. Newmark  
Claimant Representative Name  
Special Counsel  
Title  
Meyers Nave Riback Silver & Wilson  
Organization  
555 12th Street, Suite 1500  
Street Address  
Oakland, California 94607  
City, State, Zip  
510.808.2000  
Telephone Number  
510.444.1108  
Fax Number  
gnewmark@meyersnave.com  
E-Mail Address

**RECEIVED**  
Filing Date  
MAY 02 2011  
COMMISSION ON STATE MANDATES  
Test Claim #

**4. TEST CLAIM STATUTES OR EXECUTIVE ORDERS CITED**

Please identify all code sections, statutes, bill numbers, regulations, and/or executive orders that impose the alleged mandate (e.g., Penal Code Section 2045, Statutes 2004, Chapter 54 [AB 290]) When alleging regulations or executive orders, please include the effective date of each one

California Regional Water Quality Control Board, San Francisco Bay Region, Order No. R2-2009-0074 (NPDES No. CAS612008)

Copies of all statutes and executive orders cited are attached.

Sections 5, 6, and 7 are attached as follows:  
5. Written Narrative: pages \_\_\_\_ to \_\_\_\_.  
6. Declarations: pages \_\_\_\_ to \_\_\_\_.  
7. Documentation: pages \_\_\_\_ to \_\_\_\_.

Sections 5, 6, and 7 should be answered on separate sheets of plain 8-1/2 x 11 paper. Each sheet should include the test claim name, the claimant, the section number, and heading at the top of each page.

### 5. WRITTEN NARRATIVE

Under the heading "5. Written Narrative," please identify the specific sections of statutes or executive orders alleged to contain a mandate.

Include a statement that actual and/or estimated costs resulting from the alleged mandate exceeds one thousand dollars (\$1,000), and include all of the following elements for each statute or executive order alleged:

- (A) A detailed description of the new activities and costs that arise from the mandate
- (B) A detailed description of existing activities and costs that are modified by the mandate.
- (C) The actual increased costs incurred by the claimant during the fiscal year for which the claim was filed to implement the alleged mandate.
- (D) The actual or estimated annual costs that will be incurred by the claimant to implement the alleged mandate during the fiscal year immediately following the fiscal year for which the claim was filed.
- (E) A statewide cost estimate of increased costs that all local agencies or school districts will incur to implement the alleged mandate during the fiscal year immediately following the fiscal year for which the claim was filed.
- (F) Identification of all of the following funding sources available for this program:
  - (i) Dedicated state funds
  - (ii) Dedicated federal funds
  - (iii) Other nonlocal agency funds
  - (iv) The local agency's general purpose funds
  - (v) Fee authority to offset costs
- (G) Identification of prior mandate determinations made by the Board of Control or the Commission on State Mandates that may be related to the alleged mandate.
- (H) Identification of a legislatively determined mandate pursuant to Government Code section 17573 that is on the same statute or executive order.

### 6. DECLARATIONS

Under the heading "6. Declarations," support the written narrative with declarations that:

- (A) declare actual or estimated increased costs that will be incurred by the claimant to implement the alleged mandate;
- (B) identify all local, state, or federal funds, and fee authority that may be used to offset the increased costs that will be incurred by the claimant to implement the alleged mandate, including direct and indirect costs;
- (C) describe new activities performed to implement specified provisions of the new statute or executive order alleged to impose a reimbursable state-mandated program (specific references shall be made to chapters, articles, sections, or page numbers alleged to impose a reimbursable state-mandated program);
- (D) If applicable, describe the period of reimbursement and payments received for full reimbursement of costs for a legislatively determined mandate pursuant to Section 17573, and the authority to file a test claim pursuant to paragraph (1) of subdivision (c) of Section 17574.
- (E) are signed under penalty of perjury, based on the declarant's personal knowledge, information or belief, by persons who are authorized and competent to do so.

### 7. DOCUMENTATION

Under the heading "7. Documentation," support the written narrative with copies of all of the following

- (A) the test claim statute that includes the bill number alleged to impose or impact a mandate; and/or
- (B) the executive order, identified by its effective date, alleged to impose or impact a mandate; and
- (C) relevant portions of state constitutional provisions, federal statutes, and executive orders that may impact the alleged mandate; and
- (D) administrative decisions and court decisions cited in the narrative. Published court decisions arising from a state mandate determination by the Board of Control or the Commission are exempt from this requirement; and
- (E) statutes, chapters of original legislatively determined mandate and any amendments.

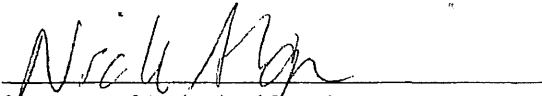
CLAIM CERTIFICATION

*Read, sign, and date this section and insert at the end of the test claim submission \**

This test claim alleges the existence of a reimbursable state-mandated program within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514. I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this test claim submission is true and complete to the best of my own knowledge or information or belief.

**Nicole Almaguer**

Print or Type Name of Authorized Local Agency  
or School District Official



Signature of Authorized Local Agency or  
School District Official

**Environmental Specialist**

Print or Type Title

3/15/11

Date

*\* If the declarant for this Claim Certification is different from the Claimant contact identified in section 2 of the test claim form, please provide the declarant's address, telephone number, fax number, and e-mail address below.*

**1. TEST CLAIM TITLE**

Calif. Reg. Water Quality Control Board, San Francisco Bay Region, Order # R2-2009-0074

**2. CLAIMANT INFORMATION**

City of Union City  
Name of Local Agency or School District  
Benjamin Reyes  
Claimant Contact  
City Attorney  
Title  
34009 Alvarado-Niles Road  
Street Address  
Union City, California 94587  
City, State, Zip  
510.471.3232  
Telephone Number  
510.475.7318  
Fax Number  
breyes@meyersnave.com  
E-Mail Address

**3. CLAIMANT REPRESENTATIVE INFORMATION**

Claimant designates the following person to act as its sole representative in this test claim. All correspondence and communications regarding this claim shall be forwarded to this representative. Any change in representation must be authorized by the claimant in writing, and sent to the Commission on State Mandates.

Gregory J. Newmark  
Claimant Representative Name  
Special Counsel  
Title  
Meyers Nave Riback Silver & Wilson  
Organization  
555 12th Street, Suite 1500  
Street Address  
Oakland, California 94607  
City, State, Zip  
510.808.2000  
Telephone Number  
510.444.1108  
Fax Number  
gnewmark@meyersnave.com  
E-Mail Address

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Filing Date **RECEIVED**  
**MAY 02 2011**  
**COMMISSION ON STATE MANDATES**  
Test Claim #:

**4. TEST CLAIM STATUTES OR EXECUTIVE ORDERS CITED**

Please identify all code sections, statutes, bill numbers, regulations, and/or executive orders that impose the alleged mandate (e.g., Penal Code Section 2045, Statutes 2004, Chapter 54 [AB 290]). When alleging regulations or executive orders, please include the effective date of each one.

California Regional Water Quality Control Board, San Francisco Bay Region, Order No. R2-2009-0074 (NPDES No. CAS612008)

Copies of all statutes and executive orders cited are attached.

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#### 5. WRITTEN NARRATIVE

Under the heading "5. Written Narrative," please identify the specific sections of statutes or executive orders alleged to contain a mandate.

Include a statement that actual and/or estimated costs resulting from the alleged mandate exceeds one thousand dollars (\$1,000), and include all of the following elements for each statute or executive order alleged:

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Under the heading "6. Declarations," support the written narrative with declarations that:

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#### 7. DOCUMENTATION

Under the heading "7. Documentation," support the written narrative with copies of all of the following:

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3. CLAIM CERTIFICATION

*Read, sign, and date this section and insert at the end of the test claim submission. \**

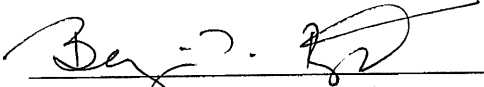
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**Benjamin Reyes**

Print or Type Name of Authorized Local Agency  
or School District Official

**City Attorney, City of Union City**

Print or Type Title

  
Signature of Authorized Local Agency or  
School District Official

2/17/2011  
Date

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**1. TEST CLAIM TITLE**

Calif. Reg. Water Quality Control Board, San Francisco Bay Region, Order # R2-2009-0074

**2. CLAIMANT INFORMATION**

City of San Leandro

Name of Local Agency or School District

Jayne Williams

Claimant Contact

City Attorney, City of San Leandro

Title

835 East 14th Street

Street Address

San Leandro, California 94577

City, State, Zip

510.577.3200

Telephone Number

510.577.3340

Fax Number

jwilliams@meyersnave.com

E-Mail Address

**3. CLAIMANT REPRESENTATIVE INFORMATION**

Claimant designates the following person to act as its sole representative in this test claim. All correspondence and communications regarding this claim shall be forwarded to this representative. Any change in representation must be authorized by the claimant in writing, and sent to the Commission on State Mandates.

Gregory J. Newmark

Claimant Representative Name

Special Counsel

Title

Meyers Nave Riback Silver & Wilson

Organization

555 12th Street, Suite 1500

Street Address

Oakland, California 94607

City, State, Zip

510.808.2000

Telephone Number

510.444.1108

Fax Number

gnewmark@meyersnave.com

E-Mail Address

*For GSM Use Only*

Filing Date: **RECEIVED**

**MAY 02 2011**

**COMMISSION ON STATE MANDATES**

Test Claim #:

**4. TEST CLAIM STATUTES OR EXECUTIVE ORDERS CITED**

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California Regional Water Quality Control Board, San Francisco Bay Region, Order No. R2-2009-0074 (NPDES No. CAS612008)

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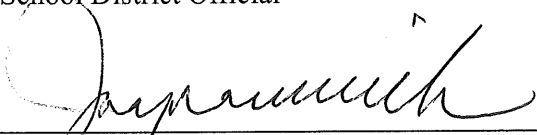
**8. CLAIM CERTIFICATION**

*Read, sign, and date this section and insert at the end of the test claim submission.\**

This test claim alleges the existence of a reimbursable state-mandated program within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514. I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this test claim submission is true and complete to the best of my own knowledge or information or belief.

**Jayne Williams**

Print or Type Name of Authorized Local Agency  
or School District Official



Signature of Authorized Local Agency or  
School District Official

**City Attorney, City of San Leandro**

Print or Type Title

*2-17-11*

Date

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**TEST CLAIM TITLE**

Calif. Reg. Water Quality Control Board, San Francisco Bay Region, Order # R2-2009-0074

**CLAIMANT INFORMATION**

City of Emeryville  
Name of Local Agency or School District  
Patrick O'Keefe O'KEEFE  
Claimant Contact  
City Manager  
Title  
1333 Park Avenue  
Street Address  
Emeryville, California 95608  
City, State, Zip  
510.596.4371  
Telephone Number  
510.596.3724  
Fax Number POKEEFE  
pokeefe@ci.emeryville.org  
E-Mail Address

**CLAIMANT REPRESENTATIVE CONTACT INFORMATION**

Claimant designates the following person to act as its sole representative in this test claim. All correspondence and communications regarding this claim shall be forwarded to this representative. Any change in representation must be authorized by the claimant in writing, and sent to the Commission on State Mandates.

Gregory J. Newmark  
Claimant Representative Name  
Special Counsel  
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Meyers Nave Riback Silver & Wilson  
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555 12th Street, Suite 1500  
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**TEST CLAIM STATUTES OR EXECUTIVE ORDERS CITED**

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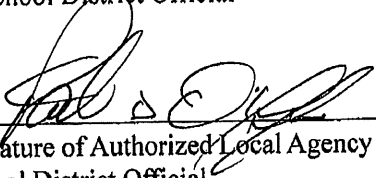
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2. CLAIM CERTIFICATION

*Read, sign, and date this section and insert at the end of the test claim submission.\**

This test claim alleges the existence of a reimbursable state-mandated program within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514. I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this test claim submission is true and complete to the best of my own knowledge or information or belief.

**Patrick O'Keefe** ~~O'KEEFE~~  
\_\_\_\_\_  
Print or Type Name of Authorized Local Agency  
or School District Official

  
\_\_\_\_\_  
Signature of Authorized Local Agency or  
School District Official

**City Manager**  
\_\_\_\_\_  
Print or Type Title

2/24/11  
\_\_\_\_\_  
Date

*\* If the declarant for this Claim Certification is different from the Claimant contact identified in section 2 of the test claim form, please provide the declarant's address, telephone number, fax number, and e-mail address below.*

**1. TEST CLAIM TITLE**

Calif. Reg. Water Quality Control Board, San Francisco Bay Region, Order # R2-2009-0074

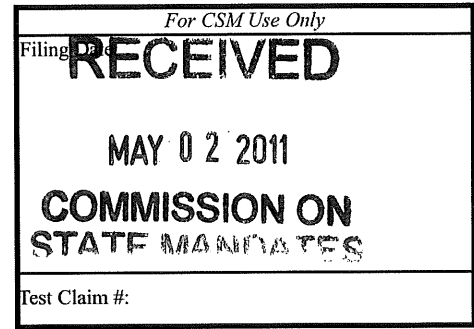
**2. CLAIMANT INFORMATION**

City of Pleasanton  
Name of Local Agency or School District  
Abbas Masjedi, P.E.  
Claimant Contact  
Utility Engineer  
Title  
3333 Busch Road  
Street Address  
Pleasanton, California 94566-0802  
City, State, Zip  
925.931.5508  
Telephone Number  
925.931.5595  
Fax Number  
amasjedi@ci.pleasanton.ca.us  
E-Mail Address

**3. CLAIMANT REPRESENTATIVE INFORMATION**

Claimant designates the following person to act as its sole representative in this test claim. All correspondence and communications regarding this claim shall be forwarded to this representative. Any change in representation must be authorized by the claimant in writing, and sent to the Commission on State Mandates.

Gregory J. Newmark  
Claimant Representative Name  
Special Counsel  
Title  
Meyers Nave Riback Silver & Wilson  
Organization  
555 12th Street, Suite 1500  
Street Address  
Oakland, California 94607  
City, State, Zip  
510.808.2000  
Telephone Number  
510.444.1108  
Fax Number  
gnewmark@meyersnave.com  
E-Mail Address



**4. TEST CLAIM STATUTES OR EXECUTIVE ORDERS CITED**

*Please identify all code sections, statutes, bill numbers, regulations, and/or executive orders that impose the alleged mandate (e.g., Penal Code Section 2045, Statutes 2004, Chapter 54 [AB 290]). When alleging regulations or executive orders, please include the effective date of each one.*

California Regional Water Quality Control Board, San Francisco Bay Region, Order No. R2-2009-0074 (NPDES No. CAS612008)

*Copies of all statutes and executive orders cited are attached.*

Sections 5, 6, and 7 are attached as follows:

- 5. Written Narrative:** pages \_\_\_\_ to \_\_\_\_.
- 6. Declarations:** pages \_\_\_\_ to \_\_\_\_.
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Sections 5, 6, and 7 should be answered on separate sheets of plain 8-1/2 x 11 paper. Each sheet should include the test claim name, the claimant, the section number, and heading at the top of each page.

## 5. WRITTEN NARRATIVE

Under the heading "5. Written Narrative," please identify the specific sections of statutes or executive orders alleged to contain a mandate.

Include a statement that actual and/or estimated costs resulting from the alleged mandate exceeds one thousand dollars (\$1,000), and include all of the following elements for each statute or executive order alleged:

- (A) A detailed description of the new activities and costs that arise from the mandate.
- (B) A detailed description of existing activities and costs that are modified by the mandate.
- (C) The actual increased costs incurred by the claimant during the fiscal year for which the claim was filed to implement the alleged mandate.
- (D) The actual or estimated annual costs that will be incurred by the claimant to implement the alleged mandate during the fiscal year immediately following the fiscal year for which the claim was filed.
- (E) A statewide cost estimate of increased costs that all local agencies or school districts will incur to implement the alleged mandate during the fiscal year immediately following the fiscal year for which the claim was filed.
- (F) Identification of all of the following funding sources available for this program:
  - (i) Dedicated state funds
  - (ii) Dedicated federal funds
  - (iii) Other nonlocal agency funds
  - (iv) The local agency's general purpose funds
  - (v) Fee authority to offset costs
- (G) Identification of prior mandate determinations made by the Board of Control or the Commission on State Mandates that may be related to the alleged mandate.
- (H) Identification of a legislatively determined mandate pursuant to Government Code section 17573 that is on the same statute or executive order.

## 6. DECLARATIONS

Under the heading "6. Declarations," support the written narrative with declarations that:

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- (B) identify all local, state, or federal funds, and fee authority that may be used to offset the increased costs that will be incurred by the claimant to implement the alleged mandate, including direct and indirect costs;
- (C) describe new activities performed to implement specified provisions of the new statute or executive order alleged to impose a reimbursable state-mandated program (specific references shall be made to chapters, articles, sections, or page numbers alleged to impose a reimbursable state-mandated program);
- (D) If applicable, describe the period of reimbursement and payments received for full reimbursement of costs for a legislatively determined mandate pursuant to Section 17573, and the authority to file a test claim pursuant to paragraph (1) of subdivision (c) of Section 17574.
- (E) are signed under penalty of perjury, based on the declarant's personal knowledge, information or belief, by persons who are authorized and competent to do so.

## 7. DOCUMENTATION

Under the heading "7. Documentation," support the written narrative with copies of all of the following:

- (A) the test claim statute that includes the bill number alleged to impose or impact a mandate; and/or
- (B) the executive order, identified by its effective date, alleged to impose or impact a mandate; and
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## 8. CLAIM CERTIFICATION

*Read, sign, and date this section and insert at the end of the test claim submission.\**


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Abbas Masjedi, P.E.

Print or Type Name of Authorized Local Agency  
or School District Official

Utility Engineer

Print or Type Title



Signature of Authorized Local Agency or  
School District Official

2/22/2011

Date

*\* If the declarant for this Claim Certification is different from the Claimant contact identified in section 2 of the test claim form, please provide the declarant's address, telephone number, fax number, and e-mail address below.*

**1. TEST CLAIM TITLE**

Calif. Reg. Water Quality Control Board, San Francisco Bay Region, Order # R2-2009-0074

**2. CLAIMANT INFORMATION**

City of Newark  
Name of Local Agency or School District  
Soren Fajeau  
Claimant Contact  
Senior Civil Engineer  
Title  
37101 Newark Boulevard  
Street Address  
Newark, California 94560  
City, State, Zip  
510.578.4286  
Telephone Number  
510.578.4243  
Fax Number  
soren.fajeau@newark.org  
E-Mail Address

**3. CLAIMANT REPRESENTATIVE INFORMATION**

Claimant designates the following person to act as its sole representative in this test claim. All correspondence and communications regarding this claim shall be forwarded to this representative. Any change in representation must be authorized by the claimant in writing, and sent to the Commission on State Mandates.

Gregory J. Newmark  
Claimant Representative Name  
Special Counsel  
Title  
Meyers Nave Riback Silver & Wilson  
Organization  
555 12th Street, Suite 1500  
Street Address  
Oakland, California 94607  
City, State, Zip  
510.808.2000  
Telephone Number  
510.444.1108  
Fax Number  
gnewmark@meyersnave.com  
E-Mail Address

For CSM Use Only  
Filing Date: **RECEIVED**  
**MAY 02 2011**  
**COMMISSION ON STATE MANDATES**  
Test Claim #:

**4. TEST CLAIM STATUTES OR EXECUTIVE ORDERS CITED**

*Please identify all code sections, statutes, bill numbers, regulations, and/or executive orders that impose the alleged mandate (e.g., Penal Code Section 2045, Statutes 2004, Chapter 54 [AB 290]). When alleging regulations or executive orders, please include the effective date of each one.*

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Under the heading "5. Written Narrative," please identify the specific sections of statutes or executive orders alleged to contain a mandate.

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## 6. DECLARATIONS

Under the heading "6. Declarations," support the written narrative with declarations that:

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**8. CLAIM CERTIFICATION**

*Read, sign, and date this section and insert at the end of the test claim submission.\**

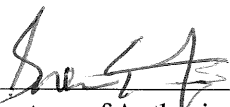
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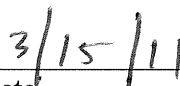
**Soren Fajeau**

Print or Type Name of Authorized Local Agency  
or School District Official

**Senior Civil Engineer**

Print or Type Title

  
Signature of Authorized Local Agency or  
School District Official

  
Date

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Calif. Reg. Water Quality Control Board, San Francisco Bay Region, Order # R2-2009-0074

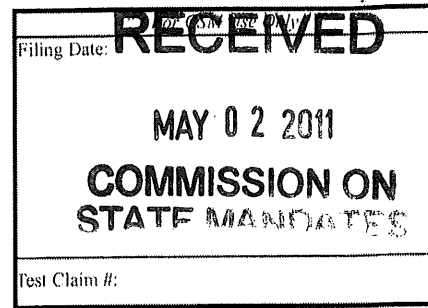
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Soren Fajeau  
Claimant Contact  
Senior Civil Engineer  
Title  
37101 Newark Boulevard  
Street Address  
Newark, California 94560  
City, State, Zip  
510.578.4286  
Telephone Number  
510.578.4243  
Fax Number  
soren.fajeau@newark.org  
E-Mail Address

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Claimant Representative Name  
Special Counsel  
Title  
Meyers Nave Riback Silver & Wilson  
Organization  
555 12th Street, Suite 1500  
Street Address  
Oakland, California 94607  
City, State, Zip  
510.808.2000  
Telephone Number  
510.444.1108  
Fax Number  
gnewmark@meyersnave.com  
E-Mail Address



**4. TEST CLAIM STATUTES OR EXECUTIVE ORDERS CITED**

*Please identify all code sections, statutes, bill numbers, regulations, and/or executive orders that impose the alleged mandate (e.g., Penal Code Section 2045, Statutes 2004, Chapter 54 [AB 290]). When alleging regulations or executive orders, please include the effective date of each one.*

California Regional Water Quality Control Board, San Francisco Bay Region, Order No. R2-2009-0074 (NPDES No. CAS612008)

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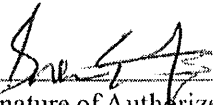
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**Soren Fajeau**

Print or Type Name of Authorized Local Agency  
or School District Official

**Senior Civil Engineer**

Print or Type Title



Signature of Authorized Local Agency or  
School District Official

3/15/11

Date

*\* If the declarant for this Claim Certification is different from the Claimant contact identified in section 2 of the test claim form, please provide the declarant's address, telephone number, fax number, and e-mail address below.*



**1. TEST CLAIM TITLE**

Calif. Reg. Water Quality Control Board, San Francisco Bay Region, Order # R2-2009-0074

**2. CLAIMANT INFORMATION**

City of Dublin  
Name of Local Agency or School District  
John Bakker  
Claimant Contact  
City Attorney  
Title  
100 Civic Center Plaza  
Street Address  
Dublin, California 94568  
City, State, Zip  
925.833.6600  
Telephone Number  
Fax Number  
jbakker@meyersnave.com  
E-Mail Address

**3. CLAIMANT REPRESENTATIVE INFORMATION**

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Title  
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Telephone Number  
510.444.1108  
Fax Number  
gnewmark@meyersnave.com  
E-Mail Address

Filing Date: **RECEIVED**  
**MAY 02 2011**  
**COMMISSION ON STATE MANDATES**  
Test Claim #:

**4. TEST CLAIM STATUTES OR EXECUTIVE ORDERS CITED**

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**John Bakker**

\_\_\_\_\_  
Print or Type Name of Authorized Local Agency  
or School District Official

**City Attorney**

\_\_\_\_\_  
Print or Type Title



\_\_\_\_\_  
Signature of Authorized Local Agency or  
School District Official

2/17/2011  
\_\_\_\_\_  
Date

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**1. TEST CLAIM TITLE**

Calif. Reg. Water Quality Control Board, San Francisco Bay Region, Order # R2-2009-0074

**2. CLAIMANT INFORMATION**

City of Berkeley  
Name of Local Agency or School District  
Daniel M. Akagi  
Claimant Contact  
Associate Civil Engineer  
Title  
1947 Center Street, 4th Floor  
Street Address  
Berkeley, California 94704  
City, State, Zip  
510.981.6394  
Telephone Number  
510.981.6390  
Fax Number  
dakagi@ci.berkeley.us.ca  
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**RECEIVED**  
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#### 5. WRITTEN NARRATIVE

Under the heading "5. Written Narrative," please identify the specific sections of statutes or executive orders alleged to contain a mandate.

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- (E) are signed under penalty of perjury, based on the declarant's personal knowledge, information or belief, by persons who are authorized and competent to do so.

#### 7. DOCUMENTATION

Under the heading "7. Documentation," support the written narrative with copies of all of the following:

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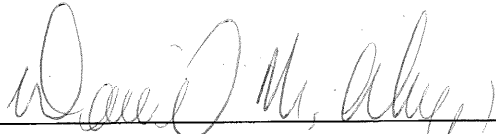
8. CLAIM CERTIFICATION

*Read, sign, and date this section and insert at the end of the test claim submission.\**

This test claim alleges the existence of a reimbursable state-mandated program within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514. I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this test claim submission is true and complete to the best of my own knowledge or information or belief.

**Daniel M. Akagi**

Print or Type Name of Authorized Local Agency  
or School District Official



Signature of Authorized Local Agency or  
School District Official

**Associate Civil Engineer**

Print or Type Title

22 FEB '11

Date

*\* If the declarant for this Claim Certification is different from the Claimant contact identified in section 2 of the test claim form, please provide the declarant's address, telephone number, fax number, and e-mail address below.*

**1. TEST CLAIM TITLE**

Calif. Reg. Water Quality Control Board, San Francisco Bay Region, Order # R2-2009-0074

**2. CLAIMANT INFORMATION**

City of Pleasanton

Name of Local Agency or School District

Abbas Masjedi, P.E.

Claimant Contact

Utility Engineer

Title

3333 Busch Road

Street Address

Pleasanton, California 94566-0802

City, State, Zip

925.931.5508

Telephone Number

925.931.5595

Fax Number

amasjedi@ci.pleasanton.ca.us

E-Mail Address

**3. CLAIMANT REPRESENTATIVE INFORMATION**

Claimant designates the following person to act as its sole representative in this test claim. All correspondence and communications regarding this claim shall be forwarded to this representative. Any change in representation must be authorized by the claimant in writing, and sent to the Commission on State Mandates.

Gregory J. Newmark

Claimant Representative Name

Special Counsel

Title

Meyers Nave Riback Silver & Wilson

Organization

555 12th Street, Suite 1500

Street Address

Oakland, California 94607

City, State, Zip

510.808.2000

Telephone Number

510.444.1108

Fax Number

gnewmark@meyersnave.com

E-Mail Address

<b>RECEIVED</b> Filing Date: <b>MAY 02 2011</b> <b>COMMISSION ON STATE MANDATES</b> Test Claim #:
--

**4. TEST CLAIM STATUTES OR EXECUTIVE ORDERS CITED**

Please identify all code sections, statutes, bill numbers, regulations, and/or executive orders that impose the alleged mandate (e.g., Penal Code Section 2045, Statutes 2004, Chapter 54 [AB 290]). When alleging regulations or executive orders, please include the effective date of each one.

California Regional Water Quality Control Board, San Francisco Bay Region, Order No. R2-2009-0074 (NPDES No. CAS612008)

Copies of all statutes and executive orders cited are attached.

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*Read, sign, and date this section and insert at the end of the test claim submission.\**

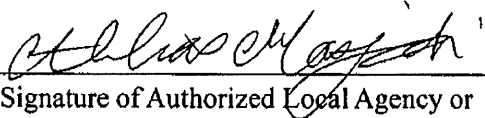
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**Abbas Masjedi, P.E.**

Print or Type Name of Authorized Local Agency  
or School District Official

**Utility Engineer**

Print or Type Title



Signature of Authorized Local Agency or  
School District Official

**2/22/2011**

Date

*\* If the declarant for this Claim Certification is different from the Claimant contact identified in section 2 of the test claim form, please provide the declarant's address, telephone number, fax number, and e-mail address below.*

**1. TEST CLAIM TITLE**

Municipal Regional Stormwater Permit

**2. CLAIMANT INFORMATION**

County of Alameda

Name of Local Agency or School District

Sharon Gosselin

Claimant Contact

Associate Environmental Compliance Specialist

Title

399 Elmhurst Street

Street Address

Hayward, California 94544

City, State, Zip

510.670.6547

Telephone Number

510.670.5262

Fax Number

sharon@acpwa.org

E-Mail Address

**3. CLAIMANT REPRESENTATIVE INFORMATION**

Claimant designates the following person to act as its sole representative in this test claim. All correspondence and communications regarding this claim shall be forwarded to this representative. Any change in representation must be authorized by the claimant in writing, and sent to the Commission on State Mandates.

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Claimant Representative Name

Special Counsel

Title

Meyers Nave Riback Silver & Wilson

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gnewmark@meyersnave.com

E-Mail Address

<b>RECEIVED</b> <small>For State Agency</small>
Filing Date:
<b>MAY 02 2011</b>
<b>COMMISSION ON STATE MANDATES</b>
Test Claim #:

**4. TEST CLAIM STATUTES OR EXECUTIVE ORDERS CITED**

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Municipal Regional Stormwater Permit No. CAS612008, issued by the Regional Water Quality Control Board, San Francisco Region as Order No. R2-2009-0074 on October 14, 2009

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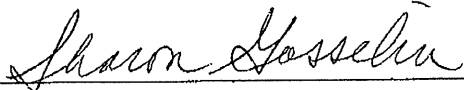
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**Sharon Gosselin**

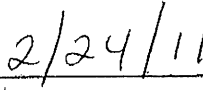
Print or Type Name of Authorized Local Agency  
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Associate Environmental Compliance Specialist

Print or Type Title



Signature of Authorized Local Agency or  
School District Official



Date

*\* If the declarant for this Claim Certification is different from the Claimant contact identified in section 2 of the test claim form, please provide the declarant's address, telephone number, fax number, and e-mail address below.*

**1. TEST CLAIM TITLE**

Calif. Reg. Water Quality Control Board, San Francisco Bay Region, Order # R2-2009-0074

**2. CLAIMANT INFORMATION**

Alameda County Flood Control & Water Conservation District, Zone 7

Name of Local Agency or School District

G.F. Duerig

Claimant Contact

General Manager

Title

100 North Canyons Parkway

Street Address

Livermore, California 94551

City, State, Zip

925.454.5000

Telephone Number

925.454.5723

Fax Number

jduerig@zone7water.com

E-Mail Address

**3. CLAIMANT REPRESENTATIVE INFORMATION**

Claimant designates the following person to act as its sole representative in this test claim. All correspondence and communications regarding this claim shall be forwarded to this representative. Any change in representation must be authorized by the claimant in writing, and sent to the Commission on State Mandates.

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Claimant Representative Name

Special Counsel

Title

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Fax Number

gnewmark@meyersnave.com

E-Mail Address

For GSM Use Only

Filing Date: **RECEIVED**

**MAY 02 2011**

**COMMISSION ON STATE MANDATES**

Test Claim #:

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California Regional Water Quality Control Board, San Francisco Bay Region, Order No. R2-2009-0074 (NPDES No. CAS612008)

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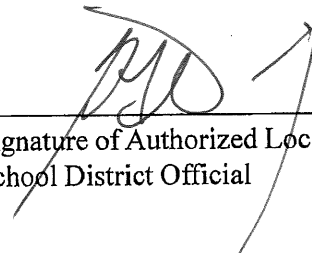
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G.F. Duerig

Print or Type Name of Authorized Local Agency  
or School District Official



Signature of Authorized Local Agency or  
School District Official

General Manager

Print or Type Title

3-4-11

Date

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**1. TEST CLAIM TITLE**

Calif. Reg. Water Quality Control Board, San Francisco Bay Region, Order # R2-2009-0074

**2. CLAIMANT INFORMATION**

City of Hayward  
Name of Local Agency or School District  
Robert Bauman  
Claimant Contact  
Public Works Director  
Title  
777 B Street  
Street Address  
Hayward, California 94541  
City, State, Zip  
510.583.4710  
Telephone Number  
510.583.3610  
Fax Number  
Robert.Bauman@hayward-ca.gov  
E-Mail Address

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Title  
Meyers Nave Riback Silver & Wilson  
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E-Mail Address

For CSM Use Only  
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**COMMISSION ON STATE MANDATES**  
Test Claim #:

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## 8. CLAIM CERTIFICATION

*Read, sign, and date this section and insert at the end of the test claim submission. \**

This test claim alleges the existence of a reimbursable state-mandated program within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514. I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this test claim submission is true and complete to the best of my own knowledge or information or belief.

**Robert Bauman**

Print or Type Name of Authorized Local Agency  
or School District Official



Signature of Authorized Local Agency or  
School District Official

**Public Works Director**

Print or Type Title



Date

*\* If the declarant for this Claim Certification is different from the Claimant contact identified in section 2 of the test claim form, please provide the declarant's address, telephone number, fax number, and e-mail address below.*

**1. TEST CLAIM TITLE**

Calif. Reg. Water Quality Control Board, San Francisco Bay Region, Order # R2-2009-0074

**2. CLAIMANT INFORMATION**

City of Livermore

Name of Local Agency or School District

Darren Greenwood

Claimant Contact

Asst. Public Works Director/Water Resources Div. Manager

Title

101 W. Jack London Boulevard

Street Address

Livermore, California 94551

City, State, Zip

925.960.8120

Telephone Number

925.960.8105

Fax Number

dgreenwood@ci.livermore.ca.us

E-Mail Address

**3. CLAIMANT REPRESENTATIVE INFORMATION**

Claimant designates the following person to act as its sole representative in this test claim. All correspondence and communications regarding this claim shall be forwarded to this representative. Any change in representation must be authorized by the claimant in writing, and sent to the Commission on State Mandates.

Gregory J. Newmark

Claimant Representative Name

Special Counsel

Title

Meyers Nave Riback Silver & Wilson

Organization

555 12th Street, Suite 1500

Street Address

Oakland, California 94607

City, State, Zip

510.808.2000

Telephone Number

510.444.1108

Fax Number

gnewmark@meyersnave.com

E-Mail Address

*For CSM Use Only*

Filing Date **RECEIVED**

**MAY 02 2011**

**COMMISSION ON STATE MANDATES**

Test Claim #:

**4. TEST CLAIM STATUTES OR EXECUTIVE ORDERS CITED**

*Please identify all code sections, statutes, bill numbers, regulations, and/or executive orders that impose the alleged mandate (e.g., Penal Code Section 2045, Statutes 2004, Chapter 54 [AB 290]). When alleging regulations or executive orders, please include the effective date of each one.*

California Regional Water Quality Control Board, San Francisco Bay Region, Order No. R2-2009-0074 (NPDES No. CAS612008)

*Copies of all statutes and executive orders cited are attached.*

Sections 5, 6, and 7 are attached as follows:

**5. Written Narrative:** pages \_\_\_\_ to \_\_\_\_.

**6. Declarations:** pages \_\_\_\_ to \_\_\_\_.

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## 5. WRITTEN NARRATIVE

Under the heading "5. Written Narrative," please identify the specific sections of statutes or executive orders alleged to contain a mandate.

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- (D) The actual or estimated annual costs that will be incurred by the claimant to implement the alleged mandate during the fiscal year immediately following the fiscal year for which the claim was filed.
- (E) A statewide cost estimate of increased costs that all local agencies or school districts will incur to implement the alleged mandate during the fiscal year immediately following the fiscal year for which the claim was filed.
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  - (i) Dedicated state funds
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  - (iii) Other nonlocal agency funds
  - (iv) The local agency's general purpose funds
  - (v) Fee authority to offset costs
- (G) Identification of prior mandate determinations made by the Board of Control or the Commission on State Mandates that may be related to the alleged mandate.
- (H) Identification of a legislatively determined mandate pursuant to Government Code section 17573 that is on the same statute or executive order.

## 6. DECLARATIONS

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**Darren Greenwood**

Assistant Public Works Director/Water Resources Division Manager

Print or Type Name of Authorized Local Agency  
or School District Official

Print or Type Title



3/1/11

Signature of Authorized Local Agency or  
School District Official

Date

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**1. TEST CLAIM TITLE**

Municipal Regional Stormwater Permit

**2. CLAIMANT INFORMATION**

County of Alameda

Name of Local Agency or School District

Sharon Gosselin

Claimant Contact

Associate Environmental Compliance Specialist

Title

399 Elmhurst Street

Street Address

Hayward, California 94544

City, State, Zip

510.670.6547

Telephone Number

510.670.5262

Fax Number

sharon@acpwa.org

E-Mail Address

**3. CLAIMANT REPRESENTATIVE INFORMATION**

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Special Counsel

Title

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Organization

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Oakland, California 94607

City, State, Zip

510.808.2000

Telephone Number

510.444.1108

Fax Number

gnewmark@meyersnave.com

E-Mail Address

<b>RECEIVED</b> MAY 02 2011 <b>COMMISSION ON STATE MANDATES</b>
Filing Date: _____ Test Claim #: _____

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Municipal Regional Stormwater Permit No. CAS612008, issued by the Regional Water Quality Control Board, San Francisco Region as Order No. R2-2009-0074 on October 14, 2009

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**Sharon Gosselin**

Associate Environmental Compliance Specialist

Print or Type Name of Authorized Local Agency  
or School District Official

Print or Type Title



3/15/11

Signature of Authorized Local Agency or  
School District Official

Date

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1000  
1000  
1000

**1. TEST CLAIM TITLE**

Calif. Reg. Water Quality Control Board, San Francisco Bay Region, Order # R2-2009-0074

**2. CLAIMANT INFORMATION**

City of Fremont  
Name of Local Agency or School District  
Kathy Cote Guarnieri  
Claimant Contact  
Environmental Services Manager  
Title  
39550 Liberty Street  
Street Address  
Fremont, California 94537  
City, State, Zip  
510.494.4583  
Telephone Number  
510.494.4571  
Fax Number  
kcote@fremont.gov  
E-Mail Address

**3. CLAIMANT REPRESENTATIVE INFORMATION**

Claimant designates the following person to act as its sole representative in this test claim. All correspondence and communications regarding this claim shall be forwarded to this representative. Any change in representation must be authorized by the claimant in writing, and sent to the Commission on State Mandates.

Gregory J. Newmark  
Claimant Representative Name  
Special Counsel  
Title  
Meyers Nave Riback Silver & Wilson  
Organization  
555 12th Street, Suite 1500  
Street Address  
Oakland, California 94607  
City, State, Zip  
510.808.2000  
Telephone Number  
510.444.1108  
Fax Number  
gnewmark@meyersnave.com  
E-Mail Address

Filing Date: **RECEIVED**  
MAY 02 2011  
COMMISSION ON STATE MANDATES  
Test Claim #:

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**Kathy Cote Guarnieri**

Print or Type Name of Authorized Local Agency  
or School District Official

**Environmental Services Manager**

Print or Type Title

*Kathy Cote Guarnieri*

Signature of Authorized Local Agency or  
School District Official

*3/16/11*

Date

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1. TEST CLAIM TITLE

Municipal Regional Stormwater Permit

2. CLAIMANT INFORMATION

Alameda County Flood Control & Water Conservation District

Name of Local Agency or School District

Sharon Gosselin

Claimant Contact

Associate Environmental Compliance Specialist

Title

399 Elmhurst Street

Street Address

Hayward, California 94544

City, State, Zip

510.670.6547

Telephone Number

510.670.5262

Fax Number

sharon@acpwa.org

E-Mail Address

3. CLAIMANT REPRESENTATIVE INFORMATION

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Filing Date	<i>For CSM Use Only</i> <b>RECEIVED</b>  <b>MAY 02 2011</b>  <b>COMMISSION ON STATE MANDATES</b>
Test Claim #:	

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Print or Type Name of Authorized Local Agency  
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Associate Environmental Compliance Specialist

Print or Type Title



Signature of Authorized Local Agency or  
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3/15/11

Date

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11-11-11

**1. TEST CLAIM TITLE**

Calif. Reg. Water Quality Control Board, San Francisco Bay Region, Order # R2-2009-0074

**2. CLAIMANT INFORMATION**

City of Oakland

Name of Local Agency or School District

Lesley C. Estes

Claimant Contact

Watershed and Stormwater Management Supervisor

Title

250 Frank H. Ogawa Plaza, Suite 4314

Street Address

Oakland, California 94612-2034

City, State, Zip

510.238.7431

Telephone Number

510.238.7227

Fax Number

lcestes@oaklandnet.com

E-Mail Address

**3. CLAIMANT REPRESENTATIVE INFORMATION**

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Title

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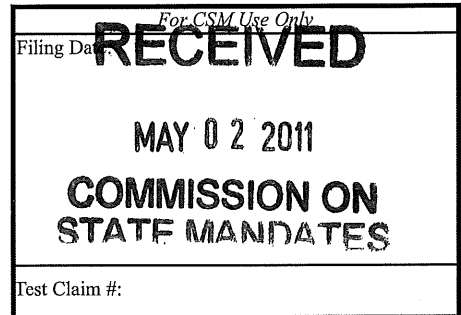
Telephone Number

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- (A) declare actual or estimated increased costs that will be incurred by the claimant to implement the alleged mandate;
- (B) identify all local, state, or federal funds, and fee authority that may be used to offset the increased costs that will be incurred by the claimant to implement the alleged mandate, including direct and indirect costs;
- (C) describe new activities performed to implement specified provisions of the new statute or executive order alleged to impose a reimbursable state-mandated program (specific references shall be made to chapters, articles, sections, or page numbers alleged to impose a reimbursable state-mandated program);
- (D) If applicable, describe the period of reimbursement and payments received for full reimbursement of costs for a legislatively determined mandate pursuant to Section 17573, and the authority to file a test claim pursuant to paragraph (1) of subdivision (c) of Section 17574.
- (E) are signed under penalty of perjury, based on the declarant's personal knowledge, information or belief, by persons who are authorized and competent to do so.

## 7. DOCUMENTATION

Under the heading "7. Documentation," support the written narrative with copies of all of the following:

- (A) the test claim statute that includes the bill number alleged to impose or impact a mandate; and/or
- (B) the executive order, identified by its effective date, alleged to impose or impact a mandate; and
- (C) relevant portions of state constitutional provisions, federal statutes, and executive orders that may impact the alleged mandate; and
- (D) administrative decisions and court decisions cited in the narrative. Published court decisions arising from a state mandate determination by the Board of Control or the Commission are exempt from this requirement; and
- (E) statutes, chapters of original legislatively determined mandate and any amendments.

**8. CLAIM CERTIFICATION**

*Read, sign, and date this section and insert at the end of the test claim submission.\**

This test claim alleges the existence of a reimbursable state-mandated program within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514. I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this test claim submission is true and complete to the best of my own knowledge or information or belief.

**Lesley C. Estes**

Watershed and Stormwater Management Supervisor

Print or Type Name of Authorized Local Agency  
or School District Official

Print or Type Title

  
Signature of Authorized Local Agency or  
School District Official

  
Date

*\* If the declarant for this Claim Certification is different from the Claimant contact identified in section 2 of the test claim form, please provide the declarant's address, telephone number, fax number, and e-mail address below.*



## Commission on State Mandates

Original List Date: 11/14/2010  
Last Updated: 5/3/2011  
List Print Date: 05/03/2011  
Claim Number: 10-TC-02  
Issue: Municipal Regional Stormwater Permit - Alameda County

### Mailing List

#### TO ALL PARTIES AND INTERESTED PARTIES:

Each commission mailing list is continuously updated as requests are received to include or remove any party or person on the mailing list. A current mailing list is provided with commission correspondence, and a copy of the current mailing list is available upon request at any time. Except as provided otherwise by commission rule, when a party or interested party files any written material with the commission concerning a claim, it shall simultaneously serve a copy of the written material on the parties and interested parties to the claim identified on the mailing list provided by the commission. (Cal. Code Regs., tit. 2, § 1181.2.)

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**COMMISSION ON STATE MANDATES**

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**DECLARATION OF SERVICE BY EMAIL**

I, the undersigned, declare as follows:

I am a resident of the County of Solano and I am over the age of 18 years, and not a party to the within action. My place of employment is 980 Ninth Street, Suite 300, Sacramento, California 95814.

On May 3, 2011, I served the:


**Co-Claimant Declarations**

*Municipal Regional Stormwater Permit – Alameda County, 10-TC-02*

City of Alameda, Claimant

by making it available on the Commission's website and providing notice of how to locate it to the email addresses provided on the attached mailing list.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on May 3, 2011 at Sacramento, California.



Heidi J. Palchik