CALIFORNIA Water Boards

EDMUND G. BROWN JR. GOVERNOR

MATTHEW RODRIQUEZ SECRETARY FOR ENVIRONMENTAL PROTECTION

San Francisco Bay Regional Water Quality Control Board

NOTICE OF INTENT

TO COMPLY WITH THE TERMS OF ORDER NO. R2-2016-0031

GENERAL WASTE DISCHARGE REQUIREMENTS FOR CONFINED ANIMAL FACILITIES

SECTION I. GENERAL WASTE DISCHARGE REQUIREMENT TIER

Instructions: This Notice of Intent (NOI) applies to existing CAF facilities operating on or before June 8, 2016. Check the tier below that describes your CAF facility. Unless the Water Board Executive Officer has already designated your tier, you must self-designate.

If you are reopening an existing dormant facility or building a new or significantly expanded facility, you must complete the alternate Notice of Intent for Reopened or New Facilities.

Dairies currently enrolled under Resolution No. R2-2015-0031 (Conditional Waiver) will be required to enroll under this Order when the Conditional Waiver expires on June 9, 2020.

Mail completed NOI with applicable fee to: San Francisco Bay Regional Water Quality Control Board; 1515 Clay Street, Suite 1400; Oakland, CA 94612, Attn: Confined Animal Program. Or email to: R2ConfinedAnimals@waterboards.ca.gov

[ ] **Tier 1:** CAF that does not utilize liquid waste retention ponds. Facility must currently comply with the Order's discharge prohibitions and waste discharge specifications. If minor structural or operational improvements are necessary, a short-term improvement plan or update is required within the first Annual Report.

[ ] **Tier 2:** CAF that utilizes liquid waste retention ponds. Facility must currently comply with the Order's discharge prohibitions and waste discharge specifications. If minor structural or operational improvements are necessary, a short-term improvement plan or update is required within the first Annual Report.

[ ] **Tier 3:** CAF that requires significant structural or operational improvements are necessary to comply with the prohibitions and waste discharge specifications. Temporary controls must be deployed immediately to prevent waste discharges to surface water and groundwater, and must be reported in the first Annual Report. A comprehensive improvement schedule for short and long-term improvements must be prepared.

Send Correspondence to : [ ] Facility Owner Address (Section II) [ ] Lessee/Operator Address (Section III) [ ] Facility Address (Section IV)

SECTION II. FACILITY OWNER INFORMATION

Name:		Contact E-mail:
Mailing Address:		
City:	State:	Zip Code:
Contact Person:		Contact Phone:

SECTION III. FACILITY OPERATOR INFORMATION

Is the facility currently leased and/or operated by someone other than owner? Yes _____ No _____ If the answer is yes, who is the lessee and/or operator?_____

Provide lessee/operator contact info: Address:_____

Phone number: |___|___| -- |___|___|___| -- |___|___|___|___| Email:

SECTION IV. FACILITY INFORMATION

A. Facility Name:

Former Facility Name (if applicable):

County:

Physical Address:

Contact E-mail:

City:

State: **C | A**

Zip Code:

Contact Person:

Contact Phone:

Provide Latitude and Longitude of confined areas only if facility does not have a valid street address

	Degree/minutes/seconds	**Decimal Form**
Latitude:	___ ° ___ ' ___ "	___ . ___
Longitude:	___ ° ___ ' ___ "	___ . ___

Provide Assessor Parcel Number(s) for entire operation; indicate if owned or leased (Grazing parcels provided separately in Section IV k.)

_____

_____

_____

B. Size of Herd:

_____ Mature Milked/Dry Cows
_____ Heifer/Calf
_____ Sheep, milking ewes
_____ Lambs
_____ Goats
_____ Horses
_____ Other
_____ Total

C. Operation Type: (check one)

1. [ ] Cow Dairy 2. [ ] Goat Dairy 3. [ ] Sheep Dairy

4. [ ] Horse Boarding 5. [ ] Other (list animal type)

_____

D. Start Date of Current Operations:
____/____/____

E. Maximum design capacity of current confined facility. Report in # of animals:_____

_____

_____

_____

F. Do your facilities have 700 or more mature cows, 500 horses, or 10,000 or more sheep? Yes_____ No_____

If yes, is a Nutrient Management Plan (NWP) complete? Yes_____ No_____ Date of completion: ____/____/____

G. Type of containment structure(s) for waste including: manure, litter, silage leachate, process waste or wastewater (including stormwater contacting waste): _____

Total storage capacity of above structure(s): _____ tons/gallons (circle one)

H. Does the facility have any food processing activities that would contribute to the waste stream and volume?

Yes_____ No_____

I. Total acres under the control of the discharger available for land application of manure, litter, or process wastewater:

_____ Acres

J. Is the facility a California Dairy Quality Assurance Program (CDQAP) certified dairy? Yes _____ No _____ Not applicable_____

Date of most recent certification: _____/_____/_____

K. Does the facility maintain a grazing operation on lands encompassing 50 acres or greater? Yes _____ No _____

If the answer is yes, please list the Assessor's Parcel Numbers for the grazing operation below (owned and/or leased):

_____

SECTION V. RECEIVING WATER INFORMATION

Does your facility's clean stormwater flow directly and/or indirectly into waters of the State (a stream, river, lake, ocean, etc.)? (circle one)

If it is indirect explain: (for example, "stormwater is diverted to ditch that travels 100 yards to offsite ditch that eventually drains to San Antonio Creek".)

Explanation:_____

Closest receiving waterbody is: _____

SECTION VI. IMPLEMENTATION OF ORDER PROVISIONS

A. STATEWIDE MINIMUM STANDARDS FOR CONFINED ANIMAL FACILITIES (*check if true*)

[ ] Facility is currently operating in compliance with Statewide Minimum Standards for Discharges of Animal Waste (Title 27, see Attachment K)

B. FACILITY / OPERATION MANAGEMENT (check if true)

[ ] Liquid waste retention ponds and/or manure storage facilities are designed to accommodate the waste water flow and stormwater contacting confined manured areas, that is likely to accumulate up to and during a 25-year, 24-hour storm event.

[ ] Liquid waste retention ponds and manure storage facilities are managed in accordance with the waste discharge specifications for the General WDRs.

[ ] All non-manure wastes and/or waste water such as silage leachate, dead animals, waste milk, veterinary medical waste, spoiled feed, bedding, animal wash water, etc., are contained and managed in accordance with the waste discharge specifications for the General WDRs.

[ ] All direct and indirect discharges of waste and/or manure, including stormwater contacting waste and/or manure, from the animal confinement areas are contained and prevented from entering any surface water, or tributary thereof.

[ ] All confined animals are fenced or excluded from any surface water or perennial streams passing through the confined area.

SECTION VII. MONITORING PROGRAM

[ ] The Monitoring and Reporting Program will be reviewed and all tasks will be conducted as required (check if true)

Please check one regarding required surface water sampling:

[ ] The facility will participate in group surface water monitoring

[ ] The facility will perform individual surface water monitoring

SECTION VIII. LANDOWNER NOTIFICATION AND CERTIFICATION

If the facility is currently leased or operated by someone other than the owner, this section must be signed by the operator.

I certify that the owner of the facility has been notified of these General Waste Discharger Requirements and that I have been designated by the owner as the "authorized representative".

Operator's Printed Name:_____Signature:_____

Title: _____Date:_____

SECTION IX. CERTIFICATION

"I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. In addition, I certify that the provisions of the Order, including the implementation of a Monitoring Program Plan, will be complied with."

Owner or Authorized Representative Printed Name*:_____

Owner or Authorized Representative Signature:_____ Date:_____

Telephone Number:_____Email:_____

***** A duly authorized person designated by the owner of the confined animal facility, as having responsibility for the overall operation of the regulated facility. The authorized representative may be the confined animal facility operator or operator's duly authorized designee.