

ATTACHMENT A

California Regional Water Quality Control Board Central Valley Region

NOTICE OF INTENT

To Comply With The

General Waste Discharge Requirements and General National Pollutant Discharge Elimination System (NPDES) Permit for Existing Milk Cow Dairy Concentrated Animal Feeding Operations Within the Central Valley Region

FACILITY

- A. NAME OF FACILITY OR BUSINESS OPERATING THE FACILITY: _____
ADDRESS OF FACILITY: _____
Number and Street City Zip Code
COUNTY ASSESSOR PARCEL NUMBER _____ LATITUDE _____ LONGITUDE _____
CONTACT PERSON: _____ TELEPHONE NO. _____
- B. NAME OF LEGAL OWNER OF FACILITY: _____
ADDRESS OF LEGAL OWNER OF FACILITY: _____
Number and Street City Zip Code
CONTACT PERSON: _____ TELEPHONE NO. _____
- C. NAME OF CONTACT PERSON TO RECEIVE REGIONAL BOARD CORRESPONDENCE: _____
MAILING ADDRESS OF CONTACT PERSON: _____
Number and Street City Zip Code
TELEPHONE NO. OF CONTACT PERSON: _____

TYPE OF OPERATION

INDICATE NUMBER OF:

	NO. HOUSED UNDER ROOF	NO. IN OPEN CONFINEMENT
MATURE DAIRY COWS (as of the date of this NOI)	_____	_____
Maximum number of MATURE DAIRY COWS Allowed under the General Order, R5-2007-0035	_____	_____

WASTE MANAGEMENT

ATTACH ADDITIONAL SHEETS AS NECESSARY.

- A. LOCATION:
WHAT IS THE LATITUDE AND LONGITUDE OF THE PRODUCTION AREA?
_____ LATITUDE _____ LONGITUDE
- B. WASTE GENERATION:
WHAT IS THE APPROXIMATE ANNUAL VOLUME OR WEIGHT OF SOLID MANURE AND BEDDING PRODUCED?

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_____ CUBIC YARDS/YEAR OR _____ TONS/YEAR

WHAT IS THE APPROXIMATE ANNUAL VOLUME OF WASTEWATER (I.E., MILK BARN WASH WATER, CORRAL FLUSH WATER, ETC.) PRODUCED?

_____ GALLONS/YEAR

C. CORRAL SYSTEM: CHECK THE TYPE OF CORRAL SYSTEM USED, IF APPLICABLE:

FLUSH CORRAL _____ SCRAPED CORRAL _____ FLUSH FREESTALL _____ SCRAPED FREESTALL _____

NOT APPLICABLE _____

D. SOLID MANURE STORAGE AREA:

INDICATE THE TYPE OF SOLID MANURE AND BEDDING STORAGE AREA (I.E., ROOFED, CONCRETE PAD, IMPERVIOUS SOIL) AND STORAGE CAPACITY. _____ (CUBIC YARDS OR TONS)

E. RETENTION PONDS:

INDICATE THE TYPE (Stormwater, Wastewater, or Both; Settling; or Tailwater) AND DIMENSIONS OF ALL RETENTION PONDS:

	TYPE	ABOVEGROUND OR BELOWGROUND	LENGTH (FEET)	WIDTH (FEET)	DEPTH (FEET)	FREEBOARD MAINTAINED (FEET)	STORAGE CAPACITY PER CONTAINMENT TYPE
1							
2							
3							
4							

	TYPE OF STORAGE (I.E. STORAGE LAGOON, SETTLING BASIN, STORAGE TANK, CONCRETE PAD)	TOTAL NUMBER OF DAYS	TOTAL CAPACITY (GALLONS/TONS)
1			
2			
3			
4			

F. ANAEROBIC DIGESTERS:

DOES THE FACILITY TREAT WASTEWATER IN AN ANAEROBIC DIGESTER? _____ YES _____ NO

G. REUSE AREA:

INDICATE THE TOTAL CROP ACREAGE UNDER THE CONTROL OF APPLICANT THAT IS AVAILABLE FOR REUSE OF SOLID MANURE AND/OR WASTEWATER _____

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INDICATE THE ACREAGES OF CROPLAND AND TYPE OF CROPS GROWN WHERE ONLY SOLID MANURE (AND/OR BEDDING) AND ONLY WASTEWATER ARE APPLIED FOR REUSE AND THE METHOD OF APPLICATION.

ONLY SOLID MANURE: APPLIED TO _____ ACRES CROPLAND;
SUMMER CROPS _____ APPLICATION METHOD _____
WINTER CROPS _____ APPLICATION METHOD _____

ONLY WASTEWATER: APPLIED TO _____ ACRES CROPLAND;
SUMMER CROPS _____ APPLICATION METHOD _____
WINTER CROPS _____ APPLICATION METHOD _____

INDICATE THE ACREAGES OF CROPLAND AND TYPE OF CROPS GROWN WHERE BOTH SOLID MANURE (AND/OR BEDDING) AND WASTEWATER ARE APPLIED FOR REUSE AND THE METHOD OF APPLICATION.

BOTH SOLID MANURE AND WASTEWATER: APPLIED TO _____ ACRES CROPLAND;
SUMMER CROPS _____ APPLICATION METHOD _____
WINTER CROPS _____ APPLICATION METHOD _____

H. LAND APPLICATION BEST MANAGEMENT PRACTICES:

PLEASE CHECK ANY OF THE FOLLOWING BEST MANAGEMENT PRACTICES THAT ARE BEING IMPLEMENTED AT THE FACILITY TO CONTROL RUNOFF AND PROTECT WATER QUALITY:

- BUFFER SETBACKS CONSTRUCTED WETLANDS INFILTRATION FIELD GRASS FILTER TERRACE
 BERMS TAILWATER RETURN SYSTEMS

I. WASTE REMOVAL:

APPROXIMATELY HOW MUCH MANURE AND/OR BEDDING IS TRANSFERRED TO OTHER PERSONS ANNUALLY?

_____ CUBIC YARDS OR _____ TONS

ADDITIONAL FACILITY INFORMATION
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A. CHEMICAL USE:

INDICATE ALL CHEMICALS USED AT THE FACILITY AND THE AMOUNTS USED ANNUALLY:

	<u>TYPE</u>	<u>ANNUAL AMOUNT USED</u>
SOAPS	_____	_____
DISINFECTANTS	_____	_____
PESTICIDES	_____	_____
ANTIBIOTICS	_____	_____
OTHER	_____	_____

B. DOES THE FACILITY DIVERT STORM WATER FROM THE PRODUCTION AREA TO SURFACE WATER?

_____ YES _____ NO

C. GROUNDWATER MONITORING:

HAS A MONITORING WELL INSTALLATION PLAN BEEN SUBMITTED TO THE REGIONAL BOARD? _____ YES _____ NO

ARE THERE ANY GROUNDWATER MONITORING WELLS AT THE FACILITY? _____ YES _____ NO

D. TOPOGRAPHIC SITE MAP:

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PROVIDE A TOPOGRAPHIC MAP OF THE FACILITY INCLUDING: FACILITY PROPERTY BOUNDARIES; SURFACE WATER DRAINAGE COURSES; DRAINAGE DITCHES; LOCATIONS OF ALL MONITORING, DOMESTIC, AND IRRIGATION WELLS; WASTEWATER RETENTION PONDS; MILKING PARLOR; ANIMAL HOUSING; CORRALS; CROPLAND; MANURE AND FEED STORAGE AREAS; AND STORM WATER DISCHARGE LOCATIONS.

NUTRIENT MANAGEMENT PLAN

HAS A NUTRIENT MANAGEMENT PLAN BEEN DEVELOPED FOR YOUR FACILITY? YES NO

IF A NUTRIENT MANAGEMENT PLAN HAS BEEN DEVELOPED FOR YOUR FACILITY, PLEASE ANSWER THE FOLLOWING:

HOW MANY ACRES DOES YOUR NUTRIENT MANAGEMENT PLAN COVER? _____ ACRES

IS THE NUTRIENT MANAGEMENT PLAN BEING IMPLEMENTED FOR THE FACILITY? YES NO

DID A PROFESSIONAL SOIL SCIENTIST, AGRONOMIST, CROP SCIENTIST, OR CROP ADVISOR CERTIFIED BY THE AMERICAN SOCIETY OF AGRONOMY OR A TECHNICAL SERVICE ADVISOR CERTIFIED IN NUTRIENT MANAGEMENT BY THE CALIFORNIA NATURAL RESOURCE CONSERVATION SERVICE DEVELOP OR APPROVE YOUR NUTRIENT MANAGEMENT PLAN? YES NO

HAS A COPY OF THE NUTRIENT MANAGEMENT PLAN BEEN SUBMITTED TO THE REGIONAL BOARD)?
 YES NO

DATE OF THE LAST REVIEW OR REVISION OF THE NUTRIENT MANAGEMENT PLAN. _____

CERTIFICATION

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR 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 FOR KNOWING VIOLATIONS. IN ADDITION, I CERTIFY THAT THE PROVISIONS OF GENERAL NPDES PERMIT (PERMIT NO. CAG015001), INCLUDING THE DEVELOPMENT AND IMPLEMENTATION OF A NUTRIENT MANAGEMENT PLAN, WILL BE COMPLIED WITH.

SIGNATURE OF OWNER OF FACILITY

SIGNATURE OF OPERATOR OF FACILITY

PRINT OR TYPE NAME

PRINT OR TYPE NAME

TITLE AND DATE

TITLE AND DATE