

ATTACHMENT B

California Regional Water Quality Control Board
Central Valley Region

REPORT OF WASTE DISCHARGE
TO COMPLY WITH THE CONDITIONS OF THE
WAIVER OF WASTE DISCHARGE REQUIREMENTS
FOR DISCHARGES FROM CONFINED ANIMAL FACILITIES
RESOLUTION NO. _____

FACILITY

- A. NAME OF FACILITY OR BUSINESS OPERATING THE FACILITY:
ADDRESS OF FACILITY:
COUNTY:
CONTACT PERSON: TELEPHONE NO.
B. NAME OF LEGAL OWNER OF FACILITY:
ADDRESS OF LEGAL OWNER OF FACILITY:
CONTACT PERSON: TELEPHONE NO.
C. NAME OF CONTACT PERSON TO RECEIVE REGIONAL BOARD CORRESPONDENCE:
ADDRESS OF CONTACT PERSON:
TELEPHONE NO. OF CONTACT PERSON:

TYPE OF OPERATION

- INDICATE NUMBER OF:
1. DAIRY 2. CALF/HEIFER RANCH 3. OTHER
MILKING COWS CALVES IDENTIFY TYPE/NUMBER OF ANIMALS
DRY COWS HEIFERS TYPE NO.
HEIFERS TYPE NO.
CALVES TYPE NO.

WASTE MANAGEMENT

- ATTACH ADDITIONAL SHEETS AS NECESSARY.
A. WASTE GENERATION:
WHAT IS THE APPROXIMATE AVERAGE DAILY VOLUME OR WEIGHT OF SOLID MANURE AND BEDDING PRODUCED?
CUBIC YARDS/DAY OR TONS/DAY
WHAT IS THE APPROXIMATE AVERAGE DAILY (OR ANNUAL) VOLUME OF WASTEWATER (I.E., MILK BARN WASH WATER, CORRAL FLUSH WATER, EGG WASH WATER, ETC.) PRODUCED?
GALLONS/DAY OR GALLONS/YEAR
B. CORRAL SYSTEM: CHECK THE TYPE OF CORRAL SYSTEM USED, IF APPLICABLE:
FLUSH CORRAL SCRAPED CORRAL FLUSH FREESTALL SCRAPED FREESTALL
NOT APPLICABLE
C. WASTEWATER RETENTION POND:
INDICATE THE DIMENSIONS OF ALL WASTEWATER RETENTION PONDS:
LENGTH (FEET) WIDTH (FEET) DEPTH (FEET) FREEBOARD MAINTAINED (FEET)
1.
2.
D. REUSE AREA:
INDICATE THE TOTAL FACILITY CROP ACREAGE.

INDICATE THE ACREAGES OF CROPLAND AND TYPE OF CROPS GROWN WHERE ONLY SOLID MANURE AND ONLY WASTEWATER ARE APPLIED FOR REUSE.

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

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

INDICATE THE ACREAGES OF CROPLAND AND TYPE OF CROPS GROWN WHERE BOTH SOLID MANURE AND WASTEWATER ARE APPLIED FOR REUSE.

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

E. WASTE REMOVAL:

APPROXIMATELY HOW MUCH MANURE IS HAULED OFFSITE ANNUALLY?

_____ CUBIC YARDS OR _____ TONS

F. MONITORING:

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

G. SITE MAP:

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

ENVIRONMENTAL STEWARDSHIP PROGRAM

IS THE CONFINED ANIMAL FACILITY CERTIFIED BY THE CALIFORNIA DAIRY QUALITY ASSURANCE PROGRAM, CALIFORNIA POULTRY FEDERATION PROGRAM, OTHER ENVIRONMENTAL STEWARDSHIP PROGRAM, OR LOCAL ENVIRONMENTAL ORDINANCE PROGRAM?

_____ YES _____ NO (IF YES, PLEASE ENCLOSE A COPY OF THE CERTIFICATION)

IF NO, WHEN WILL CERTIFICATION BE COMPLETED? _____

CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) COMPLIANCE

A. EXISTING FACILITIES:

WAS YOUR FACILITY EXISTING AS OF 1 JANUARY 2003? _____ YES _____ NO

IF YOUR FACILITY WAS EXISTING AS OF 1 JANUARY 2003, IS IT LOCATED IN OR NEAR GROUNDWATER RECHARGE AREAS OR SENSITIVE WATERSHEDS? GROUNDWATER RECHARGE AREAS? _____ YES _____ NO
SENSITIVE WATERSHED? _____ YES _____ NO

APPROXIMATELY HOW MANY CONFINED ANIMAL FACILITIES EXIST WITHIN ONE MILE OF THIS FACILITY? _____

B. NEW AND EXPANDING FACILITIES:

FOR CONFINED ANIMAL FACILITIES WHICH ARE NEW, OR EXPAND, AFTER 1 JANUARY 2003:

HAS ANY CEQA DOCUMENT BEEN ADOPTED/CERTIFIED BY A LEAD AGENCY FOR THIS PROJECT?

_____ YES _____ NO (IF YES, PLEASE ENCLOSE A COPY OF THE ADOPTION/CERTIFICATION)

IF NO, WILL ANY CEQA DOCUMENT BE PREPARED? _____ YES _____ NO

IF YES, WHO WILL PREPARE THE CEQA DOCUMENT? _____

APPROXIMATE DATE OF COMPLETION _____

CERTIFICATION

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IN THIS REPORT OF WASTE DISCHARGE AND IN ANY ATTACHMENTS IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. IN ADDITION, I CERTIFY THAT THE CONDITIONS OF THE WAIVER (RESOLUTION NO. _____) 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