

California Regional Water Quality Control Board  
Central Valley Region

OK  
CDAPOK

REPORT OF WASTE DISCHARGE FORM  
FOR  
EXISTING MILK COW DAIRIES

DAIRY FACILITY INFORMATION

- A. NAME OF DAIRY OR BUSINESS OPERATING THE DAIRY FACILITY: San Isidro Jerseys  
 ADDRESS OF FACILITY: 4413 S. Prairie Flower Trlck 95380  
Number and Street City Zip Code  
 STREET AND NEAREST CROSS STREET (IF NO ADDRESS): \_\_\_\_\_  
 COUNTY: Stanislaus  
 COUNTY ASSESSOR PARCEL NUMBER(S) FOR DAIRY FACILITY: 058-030-010-000  
 COUNTY ASSESSOR PARCEL NUMBER(S) FOR CROPLAND: 058-030-510-000
- B. OPERATOR NAME: Carlos Estacio III TELEPHONE NO: 678-2762  
 ADDRESS OF OPERATOR OF DAIRY: Same as above  
Number and Street City Zip Code
- C. NAME OF LEGAL OWNER OF THE DAIRY PROPERTY: Joe + Hazel Viverious  
 ADDRESS OF LEGAL OWNER OF FACILITY: UTAH  
Number and Street City Zip Code  
 CONTACT PERSON: Joe TELEPHONE NO: \_\_\_\_\_
- D. PERSON TO RECEIVE REGIONAL BOARD CORRESPONDENCE (CHECK):  OWNER  OPERATOR  BOTH

SIZE OF THE DAIRY OPERATION

- A. NUMBER OF ANIMALS:  
 INDICATE THE NUMBER OF EACH OF THE FOLLOWING TYPES OF ANIMALS CURRENTLY AT YOUR DAIRY:  
 MILKING COWS: 500 DRY COWS: 80 BREED: Jerseys  
 HEIFERS: 300 CALVES: 200  
 CURRENT TOTAL NUMBER OF MATURE COWS (MILKING + DRY): 580 (THE ANNUAL FEE IS BASED ON THIS NUMBER)  
 MAXIMUM TOTAL NUMBER OF MATURE COWS (MILKING + DRY) PRESENT IN LAST 12 MONTHS: 580
- B. OTHER TYPES OF COMMERCIAL ANIMALS:  
 INDICATE THE NUMBER, TYPE, AND BREED OF OTHER COMMERCIAL ANIMALS AT YOUR FACILITY IN THE PAST 12 MONTHS:  
 NUMBER: 0 TYPE: 0 BREED: 0

WASTE PRODUCTION AND REUSE

- A. WASTE GENERATION:  
 APPROXIMATELY HOW MANY GALLONS OF NEW WASTEWATER (I.E., MILK BARN WASH WATER, FRESH (NOT RECYCLED) CORRAL FLUSH WATER, ETC.) DO YOU PRODUCE DAILY?  
11,809 GALLONS/DAY
- B. WASTE REUSE:  
 DO YOU APPLY WASTEWATER TO CROPLAND THAT IS PART OF YOUR DAIRY FACILITY?  YES  NO  
 IF THE ANSWER IS YES, DOES THIS CROPLAND HAVE A TAILWATER RETURN SYSTEM?  YES  NO  
 DO YOU APPLY SOLID MANURE AND/OR BEDDING TO CROPLAND?  YES  NO  
 IF THE ANSWER IS YES, DOES THIS CROPLAND HAVE A TAILWATER RETURN SYSTEM?  YES  NO

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DO YOU APPLY BIOSOLIDS, WHEY OR OTHER WASTE TO CROPLAND? \_\_\_\_\_ YES  NO

IF THE ANSWER IS YES, DOES THIS CROPLAND HAVE A TAILWATER RETURN SYSTEM? \_\_\_\_\_ YES \_\_\_\_\_ NO

APPROXIMATELY HOW MANY TOTAL ACRES OF CROPLAND UNDER YOUR CONTROL DO YOU APPLY SOLID MANURE AND/OR BEDDING AND WASTEWATER TO? 175 ACRES

WHAT CROPS DO YOU GROW ON THIS CROPLAND? CORA + OATS

C. WASTE REMOVAL:

DO YOU TRANSFER SOME OR ALL OF YOUR SOLID MANURE AND/OR BEDDING TO OTHER PERSONS? \_\_\_\_\_ YES  NO

IF THE ANSWER ABOVE IS YES, APPROXIMATELY HOW MUCH (CUBIC YARDS OR TONS) SOLID MANURE AND/OR BEDDING IS TRANSFERRED TO OTHER PERSONS ANNUALLY?

\_\_\_\_\_ CUBIC YARDS/YEAR OR \_\_\_\_\_ TONS/YEAR

**ADDITIONAL INFORMATION**

A. NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) GENERAL INDUSTRIAL STORM WATER PERMIT:  
HAVE YOU SUBMITTED A NOTICE OF INTENT (NOI) TO COMPLY WITH THE STATE WATER RESOURCES CONTROL BOARD'S NPDES GENERAL INDUSTRIAL STORM WATER PERMIT? \_\_\_\_\_ YES  NO

B. CALIFORNIA DAIRY QUALITY ASSURANCE PROGRAM (CDQAP) CERTIFICATION:  
IS YOUR DAIRY CERTIFIED UNDER THE CDQAP'S ENVIRONMENTAL STEWARDSHIP MODULE?  YES \_\_\_\_\_ NO  
IF SO, WHEN WAS IT CERTIFIED? June 25, 2003

C. EMERGENCY RESPONSE PLAN:  
DO YOU HAVE A WRITTEN EMERGENCY RESPONSE PLAN FOR YOUR DAIRY?  YES \_\_\_\_\_ NO

D. PREVIOUS SUBMITTAL OF REPORT OF WASTE DISCHARGE  
HAVE YOU PREVIOUSLY SUBMITTED A REPORT OF WASTE DISCHARGE? \_\_\_\_\_ YES  NO  
IF SO, WHEN WAS IT SUBMITTED? \_\_\_\_\_ FACILITY NAME USED: \_\_\_\_\_

**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.

*[Signature]*

SIGNATURE OF OWNER OF FACILITY

SIGNATURE OF OPERATOR OF FACILITY

Carlos Estacio III

PRINT OR TYPE NAME

PRINT OR TYPE NAME

operator 10/17/05

TITLE AND DATE

TITLE AND DATE

OCT 21 PM 2: 40  
SUBMITTED  
CVR WCCB