

<p>D. Landowner:</p> <p>Landowner Name: _____</p> <p>Address: _____</p> <p>Contact Person: _____</p> <p>Phone: _____</p>	<p>E. Maximum Size of Herd without expanding infrastructure:</p> <p>Maximum design capacity of current facility. Report in # of dairy cows (milking + dry): _____</p> <p>Maximum # of other dairy cattle: _____</p>	
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SECTION III. BILLING ADDRESS

Name: _____
Address: _____
City, State, Zip: _____
Contact Person: _____ Phone: _____

SECTION IV. RECEIVING WATER INFORMATION

What watershed and subwatershed is the facility located in? _____

SECTION V. IMPLEMENTATION OF WAIVER CONDITIONS

<p>A. STATEWIDE MINIMUM STANDARDS FOR CONFINED ANIMAL FACILITIES (<i>check if true</i>)</p> <p><input type="checkbox"/> Facility will be operating in compliance with Statewide Minimum Standards for Discharges of Animal Waste (Title 27 see Attachment B)</p> <p><input type="checkbox"/> Facility will be operating in compliance with 40 Code of Federal Regulations Sections 122.23(e) and 122.42 (e)(1) (vi)-(IX) that states that Large Concentrated Animal Facilities with 700 or more dairy cows (milking + dry) must have a Nutrient Management Plan. (See Monitoring and Reporting Program - Appendix 2).</p>
<p>B. FACILITY / OPERATION MANAGEMENT (<i>check if true</i>)</p> <p><input type="checkbox"/> All prohibitions in the Waiver will be complied with while this dairy is covered under the Waiver.</p> <p><input type="checkbox"/> Manure ponds and manure containment facilities will be managed in accordance with the Waiver.</p> <p><input type="checkbox"/> All non-manure wastes such as silage, leachate, dead animals, waste milk, veterinary medical waste, spoiled feed, bedding, etc., will be contained and managed in accordance with the Waiver.</p>

C. MONITORING PROGRAM (check if true)

The Monitoring and Reporting Program will be reviewed and all tasks will be conducted as required.

Please check one regarding required surface water sampling:

The dairy will participate in group surface water monitoring.

The dairy will perform individual surface water monitoring.

D. Is your dairy California Dairy Quality Assurance Program (CDQAP) certified? Yes / No

SECTION VI. 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 GWDR, including the implementation of a Monitoring Program Plan, will be complied with."

Printed Name: _____

Signature: _____

Title: _____

Date: _____