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REPORT OF WASTE DISCHARGE FORM
FOR
EXISTING MILK COW DAIRIES

OCT 18 PM 2:06

DAIRY FACILITY INFORMATION

- A. NAME OF DAIRY OR BUSINESS OPERATING THE DAIRY FACILITY: HENRY TOSTA DAIRY
 ADDRESS OF FACILITY: 20662 SAN JOSE RD TRACY 95304
Number and Street City Zip Code
 STREET AND NEAREST CROSS STREET (IF NO ADDRESS): _____
 COUNTY: SAN JOAQUIN
 COUNTY ASSESSOR PARCEL NUMBER(S) FOR DAIRY FACILITY: extra Page
 COUNTY ASSESSOR PARCEL NUMBER(S) FOR CROPLAND: extra Page
- B. OPERATOR NAME: HENRY TOSTA TELEPHONE NO: 209-836-1286
 ADDRESS OF OPERATOR OF DAIRY: SAME
Number and Street City Zip Code
- C. NAME OF LEGAL OWNER OF THE DAIRY PROPERTY: HENRY TOSTA
 ADDRESS OF LEGAL OWNER OF FACILITY: 20662 SAN JOSE RD TRACY 95304
Number and Street City Zip Code
 CONTACT PERSON: HENRY TOSTA TELEPHONE NO: 209-836-1286
- 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: 920 DRY COWS: 0 at other BREED: hol
over 400 are so HEIFERS: 770 CALVES: 92 BREED: hol
 CURRENT TOTAL NUMBER OF MATURE COWS (MILKING + DRY): 920 (THE ANNUAL FEE IS BASED ON THIS NUMBER)
 MAXIMUM TOTAL NUMBER OF MATURE COWS (MILKING + DRY) PRESENT IN LAST 12 MONTHS: 1040
- 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 RECYLED) CORRAL FLUSH WATER, ETC.) DO YOU PRODUCE DAILY?
4140 GALLONS/DAY
- B. WASTE REUSE:
 DO YOU APPLY WASTEWATER TO CROPLAND THAT IS PART OF YOUR DAIRY FACILITY? no YES NO
 IF THE ANSWER IS YES, DOES THIS CROPLAND HAVE A TAILWATER RETURN SYSTEM? no 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

California Regional Water Quality Control Board
Central Valley Region

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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? _____ ACRES

WHAT CROPS DO YOU GROW ON THIS CROPLAND? alfalfa - Oats - Corn

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? _____

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.

Henry Tosta
SIGNATURE OF OWNER OF FACILITY

Henry Tosta
SIGNATURE OF OPERATOR OF FACILITY

HENRY TOSTA
PRINT OR TYPE NAME

Henry Tosta
PRINT OR TYPE NAME

owner 10-15-05
TITLE AND DATE

owner
TITLE AND DATE