



APPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT



I. FACILITY INFORMATION

A. Facility:

Name: California Sprouts, LLC.			
Address: 5640 Warehouse Way			
City: Sacramento	County: Sacramento	State: CA	Zip Code: 95826
Contact Person: Daniel Sholl		Telephone Number: 916-381-6054	

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 CWR/VO/CB
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B. Facility Owner:

Name: Warehouse Way Associates, LLP			Owner Type (Check One)	
Address: 30 Saddlewood Drive			1. <input type="checkbox"/> Individual	2. <input type="checkbox"/> Corporation
City: Novato	State: CA	Zip Code: 94945	3. <input type="checkbox"/> Governmental Agency	4. <input checked="" type="checkbox"/> Partnership
Contact Person: Frank Ribbel		Telephone Number: 4158986543	Federal Tax ID: 94-2639798	

C. Facility Operator (The agency or business, not the person):

Name: California Sprouts, LLC.			Operator Type (Check One)	
Address: 5640 Warehouse Way			1. <input type="checkbox"/> Individual	2. <input checked="" type="checkbox"/> Corporation
City: Sacramento	State: CA	Zip Code: 95826	3. <input type="checkbox"/> Governmental Agency	4. <input type="checkbox"/> Partnership
Contact Person: Daniel Sholl		Telephone Number: 916-381-6054	5. <input type="checkbox"/> Other:	

D. Owner of the Land:

Name: Warehouse Way Associates, LLP.			Owner Type (Check One)	
Address: 30 Saddlewood Drive			1. <input type="checkbox"/> Individual	2. <input type="checkbox"/> Corporation
City: Novato	State: CA	Zip Code: 94945	3. <input type="checkbox"/> Governmental Agency	4. <input checked="" type="checkbox"/> Partnership
Contact Person: Frank Ribbel		Telephone Number: 415-898-6543	5. <input type="checkbox"/> Other:	

E. Address Where Legal Notice May Be Served:

Address: 5640 Warehouse Way			
City: Sacramento	State: CA	Zip Code: 95826	
Contact Person: Daniel Sholl		Telephone Number: 916-381-6054	

F. Billing Address:

Address: 5640 Warehouse Way			
City: Sacramento	State: CA	Zip Code: 95826	
Contact Person: Daniel Sholl		Telephone Number: 916-381-6054	



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II. TYPE OF DISCHARGE

Check Type of Discharge(s) Described in this Application (A or B):

- A. WASTE DISCHARGE TO LAND B. WASTE DISCHARGE TO SURFACE WATER

Check all that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> Domestic/Municipal Wastewater Treatment and Disposal | <input type="checkbox"/> Animal Waste Solids | <input type="checkbox"/> Animal or Aquacultural Wastewater |
| <input type="checkbox"/> Cooling Water | <input type="checkbox"/> Land Treatment Unit | <input type="checkbox"/> Biosolids/Residual |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Dredge Material Disposal | <input type="checkbox"/> Hazardous Waste (see instructions) |
| <input type="checkbox"/> Waste Pile | <input type="checkbox"/> Surface Impoundment | <input type="checkbox"/> Landfill (see instructions) |
| <input type="checkbox"/> Wastewater Reclamation | <input type="checkbox"/> Industrial Process Wastewater | <input type="checkbox"/> Storm Water |
| <input checked="" type="checkbox"/> Other, please describe: <u>Irrigation Water to grow sprouted mung bean and wheat grass</u> | | |

III. LOCATION OF THE FACILITY

Describe the physical location of the facility.

1. Assessor's Parcel Number(s)
Facility: 061-0210-019-0000
Discharge Point: 062-0120-032-0000

2. Latitude
Facility: 38°31'45.70"N
Discharge Point: 38°31'11.77"N

3. Longitude
Facility: 121°23'07.14"W
Discharge Point: 121°22'48.59"W

IV. REASON FOR FILING

- New Discharge or Facility Changes in Ownership/Operator (see instructions)
- Change in Design or Operation Waste Discharge Requirements Update or NPDES Permit Reissuance
- Change in Quantity/Type of Discharge Other: _____

V. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

Name of Lead Agency: N/A

Has a public agency determined that the proposed project is exempt from CEQA? Yes No

If Yes, state the basis for the exemption and the name of the agency supplying the exemption on the line below.

Basis for Exemption/Agency: _____

Has a "Notice of Determination" been filed under CEQA? Yes No

If Yes, enclose a copy of the CEQA document, Environmental Impact Report, or Negative Declaration. If no, identify the expected type of CEQA document and expected date of completion.

Expected CEQA Documents:

- EIR Negative Declaration

Expected CEQA Completion Date: _____



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VI. OTHER REQUIRED INFORMATION

Please provide a COMPLETE characterization of your discharge. A complete characterization includes, but is not limited to, design and actual flows, a list of constituents and the discharge concentration of each constituent, a list of other appropriate waste discharge characteristics, a description and schematic drawing of all treatment processes, a description of any Best Management Practices (BMPs) used, and a description of disposal methods.

Also include a site map showing the location of the facility and, if you are submitting this application for an NPDES permit, identify the surface water to which you propose to discharge. Please try to limit your maps to a scale of 1:24,000 (7.5' USGS Quadrangle) or a street map, if more appropriate.

VII. OTHER

Attach additional sheets to explain any responses which need clarification. List attachments with titles and dates below:

You will be notified by a representative of the RWQCB within 30 days of receipt of your application. The notice will state if your application is complete or if there is additional information you must submit to complete your Application/Report of Waste Discharge, pursuant to Division 7, Section 13260 of the California Water Code.

VIII. CERTIFICATION

"I certify under penalty of law that this document, including all attachments and supplemental information, were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated 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."

Print Name: Daniel Sholl _____

Title: General Manager _____

Signature:  _____

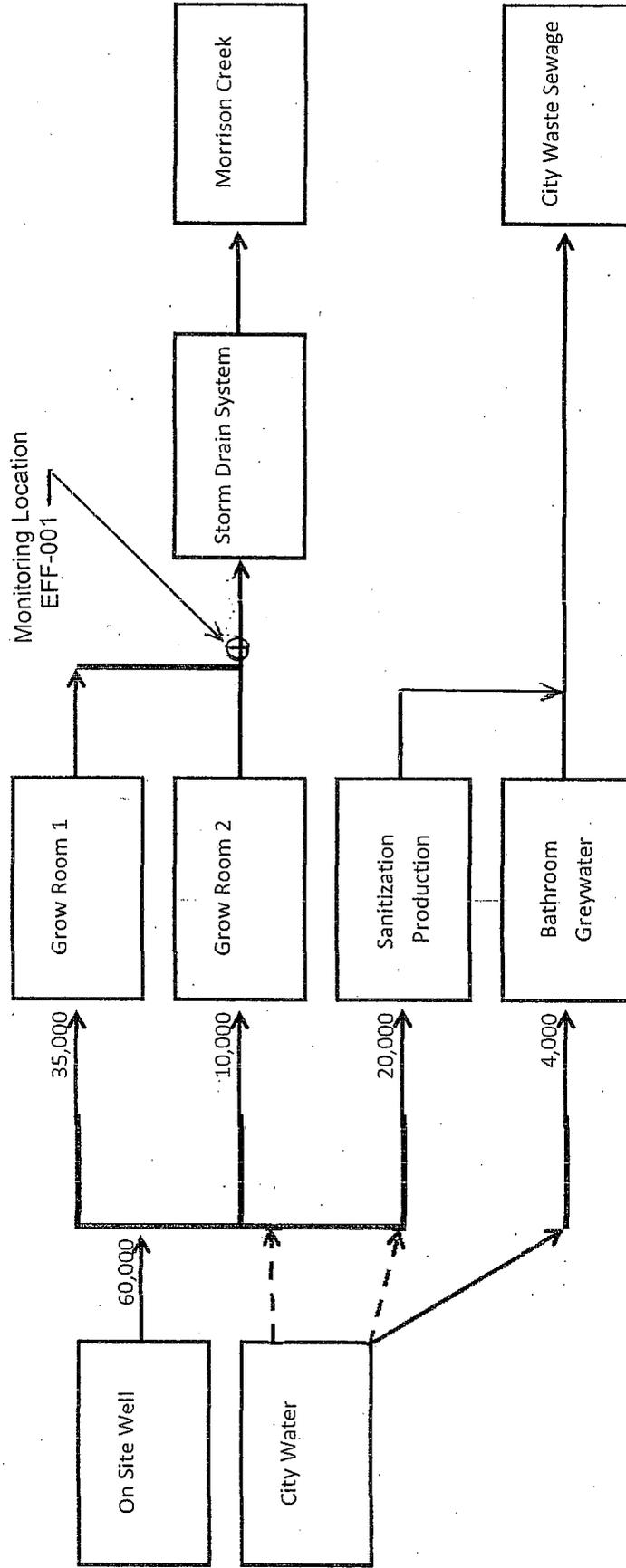
Date: January 23, 2012 _____

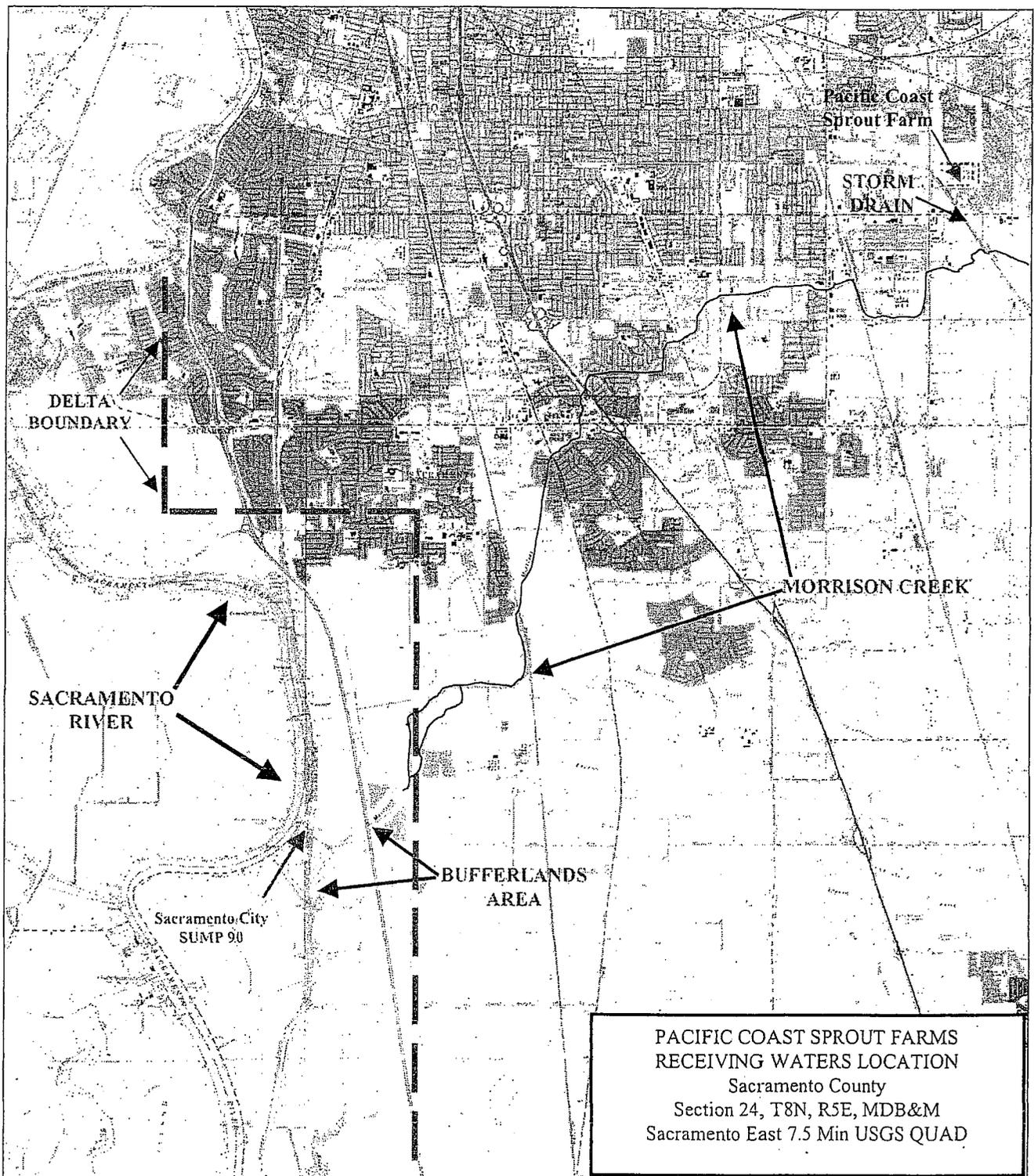
FOR OFFICE USE ONLY

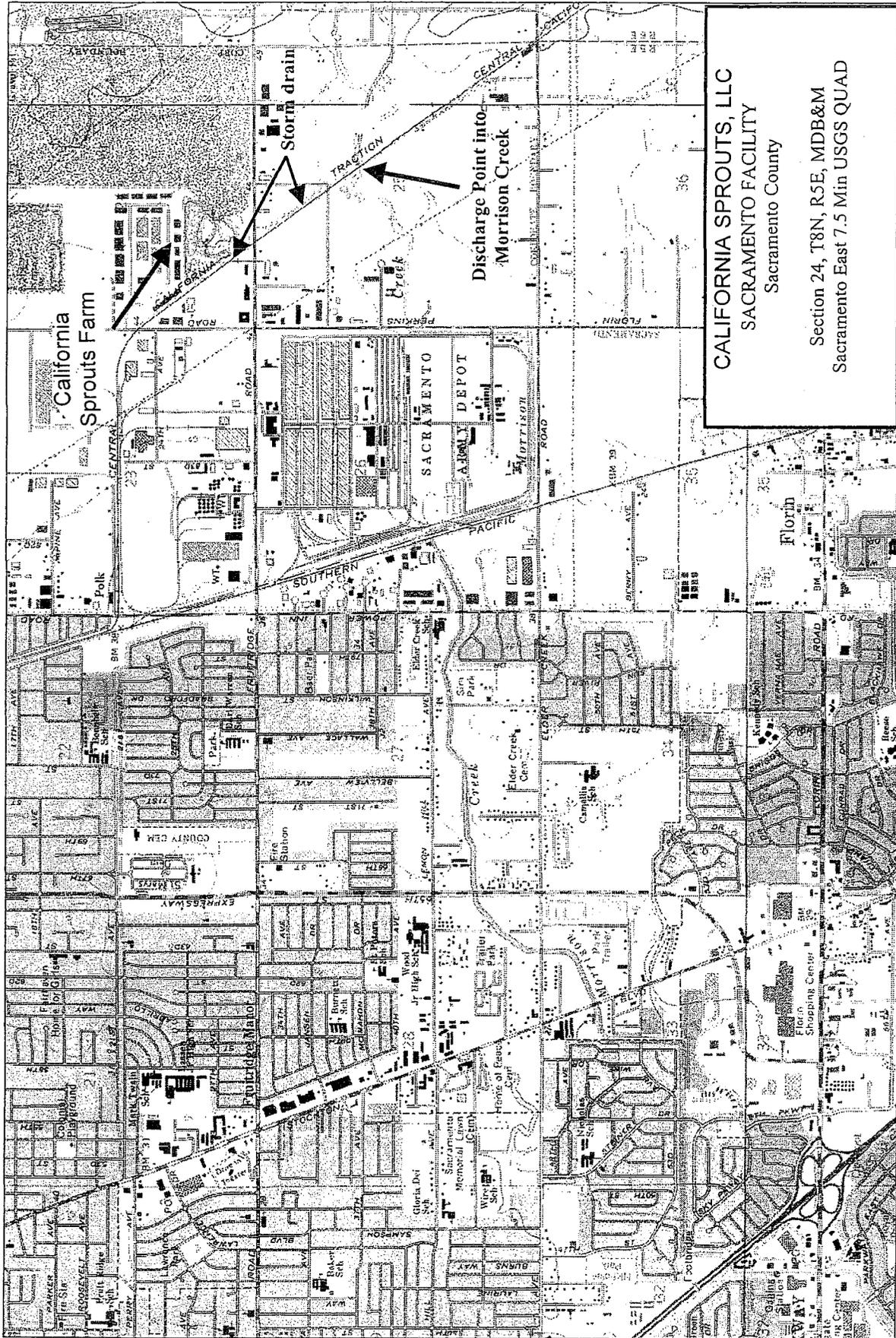
Date Form 200 Received:	Letter to Discharger:	Fee Amount Received:	Check #:

Water Flow Chart
California Sprouts, LLC.
5640 Warehouse Way
Sacramento, CA 95826
Measurement in gal/day
EPA Form 2C

Continuous Flow
- - - - -
Back-up Tie-in







CALIFORNIA SPROUTS, LLC
SACRAMENTO FACILITY
Sacramento County

Section 24, T8N, R5E, MDB&M
Sacramento East 7.5 Min USGS QUAD