

California Regional Water Quality Control Board Santa Ana Region

NOTICE OF INTENT

TO COMPLY WITH THE TERMS AND CONDITIONS OF THE CONDITIONAL WAIVER FOR WASTE DISCHARGE REQUIREMENTS FOR DISCHARGES FROM AGRICULTURE OPERATIONS IN THE SAN JACINTO WATERSHED, RIVERSIDE COUNTY.

(Order No. R8-2015-00XX)

I. PERMITTEE (*Person/Agency Responsible for the Discharge*)

Agency/Company Name: _____

Address: _____

Street *City* *State* *ZIP*
Contact Person: _____ Phone: (_____) _____

II. FACILITY

Name: _____

Location: _____

Street *City* *State* *ZIP*
Contact Person: _____ Phone: (_____) _____

a. Projected Flow Rate (*gpd*): _____,

b. Groundwater Subbasin (*identify*): _____

III. BILLING INFORMATION (*Where annual fee invoices should be sent*)

Agency/Company Name: _____

Address: _____

Street *City* *State* *ZIP*
Contact Person: _____ Phone: (_____) _____

IV. INDICATE EXISTING PERMIT NUMBER: (*if applicable*)

a. Individual permit Order No. _____

V. CERTIFICATION:

I certify under penalty of law that I am an authorized representative of the permittee and that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe the information is 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 permittee will comply with the terms and conditions stipulated in Order No. R8-2002-0033 including the monitoring and reporting program issued by the Executive Officer of the Regional Board.

Name and Official Title:

(type or print)

Signature: _____ Date: _____

Remarks: If changes to facility ownership and/or treatment processes were made after the issuance of the existing permit, please provide a description of such changes on another sheet and submit it with this Notice of

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Section 1:

Name of Operation:

Physical Address: City: State:

Name of Operator: E-mail:

Mailing Address: City: State:

Billing Address: City: State:

Owner's Name: E-mail:

Mailing Address: City: State:

Billing Address: City: State:

Name of Affiliated Discharge Group:

Section 2: Submittal Type

Agriculture site locations' assessor's parcel number(s) (APNs):

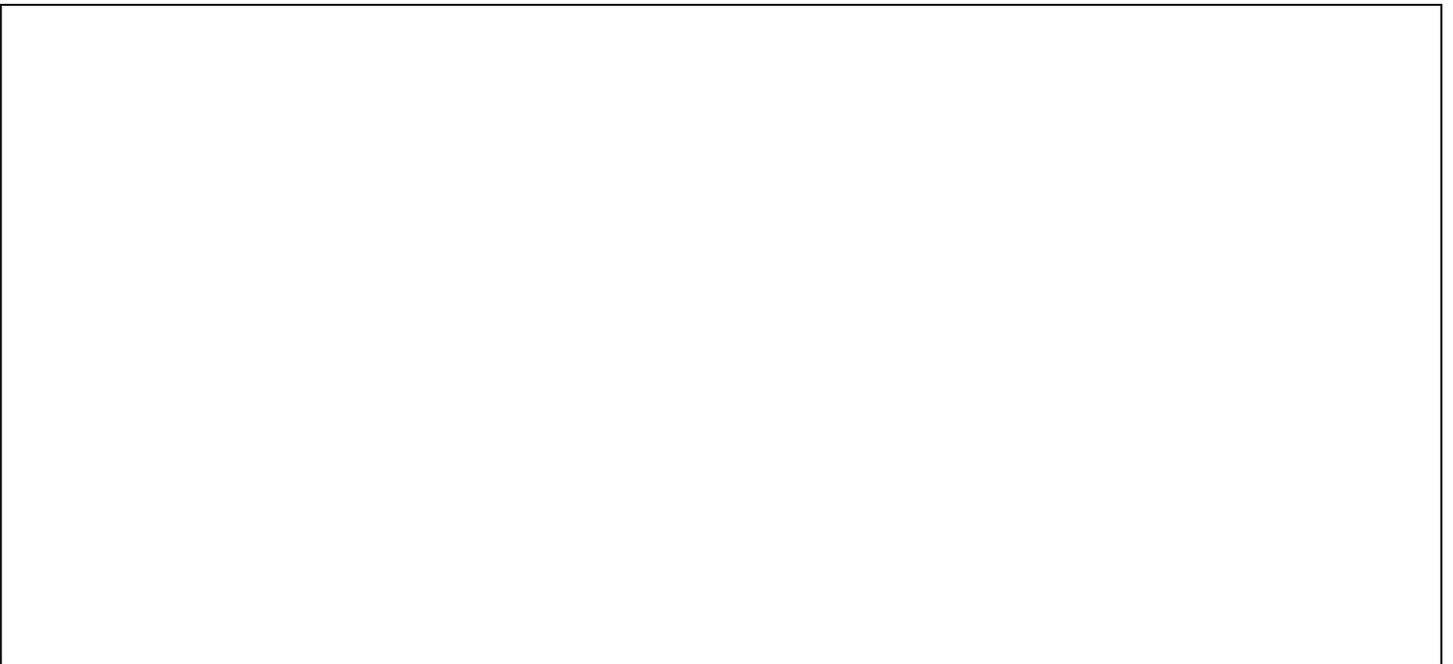
Acres of agricultural site(s): Type of agricultural operation:

BMPs in use to prevent, minimize, and/or mitigate discharge of nonpoint source pollutants from the agriculture operation:

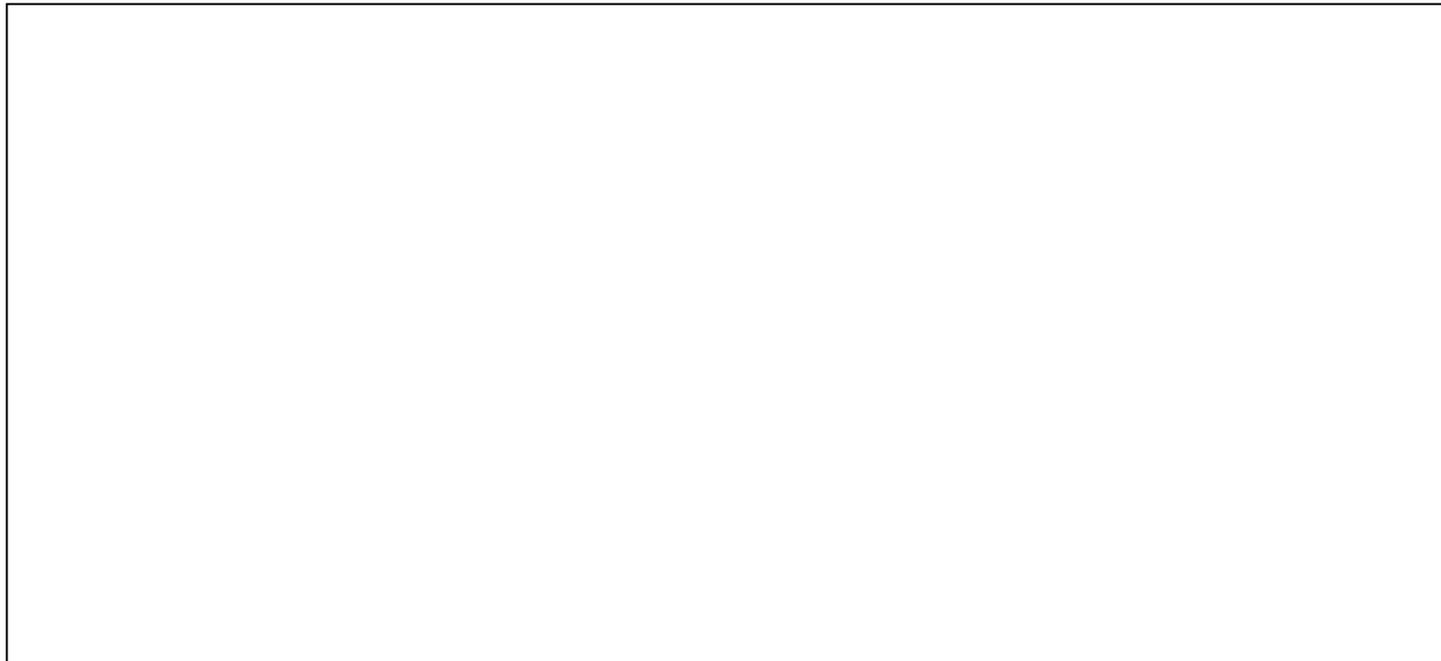
Location of Discharge(s) (e.g., irrigation tail-water, stormwater runoff, dry-well, French drain, etc.) shown on Site Location map:



Name (if available) and locations of immediate receiving surface waters for these dischargers that are adjacent to or within close proximity to agriculture operation shown on a Site Location map:



If data are available, an analysis of the discharges for total Kjeldahl nitrogen¹, nitrate nitrogen, total phosphorus, orthophosphate, electrical conductivity, total dissolved solids (TDS) and total suspended solids and pH:



¹ Total **Kjeldahl** nitrogen or TKN is the sum of organic nitrogen, ammonia (NH₃), and ammonium (NH₄⁺)

- Irrigation System Type(s):
- Micro-Irrigation year round (drip and micro-sprinklers) and no pre-irrigation.
 - Sprinklers used for pre-irrigation only and then micro-irrigation.
 - Sprinklers used for germination or in the growing season.
 - Surface irrigation system (furrow and/or flood) throughout the growing season, at any point in time, and/or in combination with other irrigation system type.
 - Other:

Source of Irrigation Water :

- Crop Type(s):
- Row/Field
 - Nursery
 - Orchard
 - Greenhouse
 - Turf Farm

Section 3: Waterbody Information

Is the farm adjacent to a waterbody: YES NO

If YES, provide name of waterbody:

Does a water body pass through or Exist on this farm: YES NO

If YES, provide name of waterbody:

Section 4: Pesticide and Manure Information

Are pesticides applied to this farm: YES NO

If YES, are they applied under a department of pesticide permit: YES NO

Operator Identification Number: - -
(for Pesticide Applications on Ranch/Farm)

Site ID:

Name of Permit Holder:

Is manure applied to this farm: YES NO

If YES, name of hauler and contact information:

Hauler's Name: E-mail:

Mailing Address: City: State: