

ATTACHMENT A

Existing Conditions Report
For
Existing Milk Cow Dairies

DAIRY FACILITY INFORMATION

A. NAME OF DAIRY OR BUSINESS OPERATING THE DAIRY:

PHYSICAL ADDRESS OF DAIRY:

Number and Street City County Zip Code

STREET AND NEAREST CROSS STREET (IF NO ADDRESS):

COUNTY ASSESSOR PARCEL NUMBER(S) FOR DAIRY FACILITY:

COUNTY ASSESSOR PARCEL NUMBER(S) FOR EACH LAND APPLICATION AREA (WHERE MANURE AND/OR PROCESS WASTEWATER IS APPLIED UNDER CONTROL OF THE OWNER OR OPERATOR WHETHER IT IS OWNED, RENTED, OR LEASED):

B. OPERATOR NAME: TELEPHONE NO.

MAILING ADDRESS OF OPERATOR OF DAIRY: Number And Street City Zip Code

C. NAME OF LEGAL OWNER OF THE DAIRY PROPERTY:

MAILING ADDRESS OF LEGAL OWNER:

Number and Street City Zip Code

CONTACT PERSON: TELEPHONE NO.

D. PERSON TO RECEIVE REGIONAL BOARD CORRESPONDENCE (CHECK): OWNER OPERATOR BOTH

DAIRY FACILITY ASSESSMENT

A. WASTE MANAGEMENT PLAN AND NUTRIENT MANAGEMENT PLAN:

HAVE YOU COMPLETED A WASTE MANAGEMENT PLAN AND NUTRIENT MANAGEMENT PLAN IN ACCORDANCE WITH THE REQUIREMENTS OF THE WASTE DISCHARGE REQUIREMENTS GENERAL ORDER NO. ? YES NO

IF YES, PLEASE ATTACH A COPY OF THE WASTE MANAGEMENT PLAN AND NUTRIENT MANAGEMENT PLAN TO THIS REPORT.

IF NO, PLEASE COMPLETE A PRELIMINARY FACILITY ASSESSMENT OF YOUR DAIRY AS DESCRIBED IN B BELOW.

B. PRELIMINARY DAIRY FACILITY ASSESSMENT:

IF YOU HAVE NOT COMPLETED A WASTE MANAGEMENT PLAN AND NUTRIENT MANAGEMENT PLAN AS DESCRIBED IN A, ABOVE, PLEASE COMPLETE AND ATTACH A PRELIMINARY DAIRY FACILITY ASSESSMENT FOR YOUR DAIRY. THE PRELIMINARY DAIRY FACILITY ASSESSMENT IS AVAILABLE ELECTRONICALLY ON THE CENTRAL VALLEY

1 THE PRELIMINARY DAIRY FACILITY ASSESSMENT IS ONLY INTENDED TO PROVIDE A PRELIMINARY ASSESSMENT OF YOUR DAIRY FACILITY'S ABILITY TO STORE WASTEWATER GENERATED AT YOUR DAIRY AND THE ABILITY OF YOUR CROPLAND TO UTILIZE THE NUTRIENTS GENERATED AT YOUR DAIRY. IT WILL PROVIDE: (1) A PRELIMINARY ESTIMATE OF YOUR DAIRY'S WASTEWATER STORAGE NEEDS VERSUS THE EXISTING WASTEWATER STORAGE CAPACITY; AND

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WATER BOARD WEBSITE AT http://www.waterboards.ca.gov/centralvalley/available_documents/index.html#confined. THE ASSESSMENT MUST BE COMPLETED ELECTRONICALLY AND A COPY OF THE RESULTS ATTACHED TO THIS EXISTING CONDITIONS REPORT THAT YOU SUBMIT TO THE EXECUTIVE OFFICER.

ADDITIONAL DAIRY FACILITY INFORMATION

A. REPORT OF WASTE DISCHARGE SUBMITTED:

IS ALL OF THE INFORMATION YOU PROVIDED IN THE REPORT OF WASTE DISCHARGE THAT WAS DUE ON 17 OCTOBER 2005 STILL CORRECT? ____YES ____NO

IF NO, PLEASE ATTACH A COPY OF YOUR REPORT OF WASTE DISCHARGE WITH THE CORRECTED INFORMATION AND YOUR CORRECTIONS INITIALED AND DATED.

B. GROUNDWATER MONITORING:

ARE THERE ANY GROUNDWATER MONITORING WELLS AT YOUR DAIRY? ____YES ____NO

HAS A MONITORING WELL INSTALLATION AND SAMPLING PLAN BEEN SUBMITTED TO THE CENTRAL VALLEY WATER BOARD? ____YES ____NO

IS GROUNDWATER MONITORING BEING CONDUCTED AT YOUR DAIRY? ____YES ____NO

C. SUBSURFACE (TILE) DRAINAGE:

DO ANY OF YOUR LAND APPLICATION AREAS HAVE A SUBSURFACE (TILE) DRAINAGE SYSTEM? ____YES ____NO

IF YES, PLEASE INDICATE BELOW THE ASSESSOR PARCEL NUMBER FOR EACH LAND APPLICATION AREA THAT HAS A SUBSURFACE (TILE) DRAINAGE SYSTEM AND THE POINT OF DISCHARGE (E.G., DRAINAGE DITCH, CREEK, STREAM, EVAPORATION BASIN):

ASSESSOR PARCEL NUMBER(S)	POINT OF DISCHARGE
_____	_____
_____	_____
_____	_____

D. THIRD PARTY USE OF MANURE OR PROCESS WASTEWATER:

DO YOU PROVIDE SOLID MANURE OR PROCESS WASTEWATER TO A THIRD PARTY FOR THEIR OWN USE? ____YES ____NO

IF YES, YOU MUST ATTACH TO THIS REPORT A COPY OF A WRITTEN AGREEMENT WITH EACH SUCH THIRD PARTY. THE WRITTEN AGREEMENT MUST COMPLY WITH LAND APPLICATION SPECIFICATION C.2 OF WASTE DISCHARGE REQUIREMENTS GENERAL ORDER NO. ____.

E. ANAEROBIC DIGESTERS:

DOES YOUR DAIRY TREAT PROCESS WASTEWATER IN AN ANAEROBIC DIGESTER? ____YES ____NO

F. MORTALITY:

INDICATE HOW MORTALITY IS HANDLED:

RENDERING SERVICE _____ BURIAL _____ OTHER (DESCRIBE) _____

(2) A PRELIMINARY ESTIMATE OF THE NITROGEN AND PHOSPHORUS GENERATED AT, AND IMPORTED TO, YOUR DAIRY, THE NITROGEN AND PHOSPHORUS REMOVED BY CROPS GROWN AT YOUR DAIRY, AND THE NITROGEN AND PHOSPHORUS EXPORTED FROM YOUR DAIRY. THE PRELIMINARY FACILITY ASSESSMENT IS NOT A SUBSTITUTE FOR A WASTE MANAGEMENT PLAN OR NUTRIENT MANAGEMENT PLAN AND SHOULD NOT BE USED FOR DESIGN PURPOSES. THE PRELIMINARY DAIRY FACILITY ASSESSMENT WAS DEVELOPED BY THE MERCED COUNTY ENVIRONMENTAL HEALTH DEPARTMENT IN COOPERATION WITH THE CENTRAL VALLEY WATER BOARD, THE UNIVERSITY OF CALIFORNIA, WESTERN UNITED DAIRYMEN, THE CALIFORNIA DAIRY CAMPAIGN, AND THE MILK PRODUCER'S COUNCIL.

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Attachment A
 Waste Discharge Requirements General Order No. ____
 Existing Milk Cow Dairies

G. CHEMICAL USE:

INDICATE ALL CHEMICALS USED AT THE FACILITY THAT ARE STORED IN THE WASTE STORAGE SYSTEM OR THAT COULD BE DISCHARGED TO SURFACE WATER OR GROUNDWATER AND THE APPROXIMATE AMOUNTS USED ANNUALLY (ATTACH ADDITIONAL SHEETS AS NECESSARY):

	<u>TYPE</u>	<u>APPROXIMATE ANNUAL AMOUNT USED</u>
SOAPS	_____	_____
DISINFECTANTS	_____	_____
PESTICIDES	_____	_____
FOOTBATHS	_____	_____
OTHER	_____	_____

H. SITE MAP:

PROVIDE A SITE MAP (AERIAL OR TOPOGRAPHIC) OF YOUR DAIRY WHICH SHOWS THE FOLLOWING IN SUFFICIENT DETAIL: DAIRY FACILITY PROPERTY BOUNDARIES; LOCATIONS OF ALL MONITORING, DOMESTIC, AND IRRIGATION WELLS; PROCESS WASTEWATER RETENTION PONDS; MILKING PARLOR; ANIMAL HOUSING; CORRALS; AND ALL LAND APPLICATION AREAS WITH IDENTIFICATION OF LAND USED FOR APPLICATION OF MANURE AND/OR PROCESS WASTEWATER.

CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) COMPLIANCE

A. WAS YOUR DAIRY OPERATING AT ITS CURRENT LOCATION AS OF 17 OCTOBER 2005? ____ YES ____ NO

IF YES, HAS YOUR DAIRY EXPANDED BY MORE THAN 15% SINCE 17 OCTOBER 2005? ____ YES ____ NO

IF YES (I.E., YOUR DAIRY DID EXPAND BY MORE THAN 15%), DID YOU SUBMIT A REPORT OF WASTE DISCHARGE (ROWD) TO THE CENTRAL VALLEY WATER BOARD FOR THE EXPANSION? ____ YES ____ NO

CERTIFICATION

"I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS DOCUMENT AND ALL ATTACHMENTS AND THAT, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THAT 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 PROVISIONS OF WASTE DISCHARGE REQUIREMENTS GENERAL ORDER NO. _____, INCLUDING THE DEVELOPMENT AND IMPLEMENTATION OF A NUTRIENT MANAGEMENT PLAN AND WASTE MANAGEMENT PLAN, WILL BE COMPLIED WITH."

 SIGNATURE OF OWNER OF FACILITY

 SIGNATURE OF OPERATOR OF FACILITY

 PRINT OR TYPE NAME

 PRINT OR TYPE NAME

 TITLE AND DATE

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