

Attachment A – Notice of Intent
Waste Discharge Requirements General Order R5-2017-0000
For Confined Bovine Feeding Operations

5. COUNTY ASSESSOR PARCEL NUMBER(S) FOR ASSOCIATED CROPLAND (Land Application Areas):

B. OPERATOR NAME: _____ TELEPHONE NO: _____

OPERATOR MAILING ADDRESS: _____
Number and Street City Zip Code

EMAIL ADDRESS: _____

C. NAME OF LEGAL OWNER OF THE FACILITY: _____

LEGAL OWNER MAILING ADDRESS: _____
Number and Street City Zip Code

CONTACT PERSON: _____ TELEPHONE NO: _____

EMAIL ADDRESS: _____

D. WHEN DID/WHEN WILL YOU BEGIN OPERATIONS AT THE FACILITY? ____/____/____
Month Day Year

E. PERSON TO RECEIVE REGIONAL BOARD CORRESPONDENCE (OWNER OR OPERATOR OR BOTH)

A. OWNER: _____

B. OPERATOR: _____

C. BOTH: _____

TYPE OF ANIMALS AND SIZE OF THE OPERATION

Provide the principal breed of animals and the number of animals housed at the facility:

Principal Breed _____

<u>Current Number of Animals</u>			<u>Largest number in single month over last 3 years (month: _____ year: _____)</u>										
<u>Type of Animal</u>	Head	AUs ¹	<u>Type of Animal</u>	Head	AUs								
Beef Cattle	_____	_____	Beef Cattle	_____	_____								
Mature cows	_____	_____	Mature cows	_____	_____								
Bred heifers	_____	_____	Bred heifers	_____	_____								
Heifers (1-year to breeding)	_____	_____	Heifers (1-year to breeding)	_____	_____								
Calves (3 months to 1 year)	_____	_____	Calves (3 months to 1 year)	_____	_____								
Baby Calves (under 3 months)	_____	_____	Baby Calves (under 3 months)	_____	_____								
TOTAL	<table border="1" style="display: inline-table; width: 80px; height: 20px; vertical-align: middle;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>			<table border="1" style="display: inline-table; width: 80px; height: 20px; vertical-align: middle;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>			TOTAL	<table border="1" style="display: inline-table; width: 80px; height: 20px; vertical-align: middle;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>			<table border="1" style="display: inline-table; width: 80px; height: 20px; vertical-align: middle;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>		
	Head	AUs		Head	AUs								

For Auction Markets only: Number of Pens _____
 Total Area of Animal Housing (sq. ft.) _____

Animal Housing:

Describe how the animals are/will be housed (freestalls, calf hutches, open corrals, covered corrals, pasture, etc.) If more than one type of housing will be used, describe how many animals will be housed in each manner:

¹ See Animal Unit Conversion Table at end of NOI for instructions for converting to Animal Units

WASTE PRODUCTION AND REUSE

A. WASTE CONTAINMENT:

DO YOU HAVE A WASTEWATER LAGOON(S)? _____ How many? _____
SETTLING BASIN(S)? _____ How Many? _____

DO ANY OF THE LAGOONS OR BASINS HAVE LINERS? ____ YES ____ NO

IF YES, PLEASE DESCRIBE (e.g. EARTHEN, CONCRETE-LINED, SYNTHETIC LINER):

B. WASTE REUSE:

DO YOU APPLY WASTEWATER TO CROPLAND THAT IS PART OF YOUR FACILITY?
_____ YES _____ NO

DO YOU APPLY SOLID MANURE AND/OR BEDDING TO CROPLAND THAT IS PART OF YOUR FACILITY? _____ YES _____ NO

- IF YES, ACREAGE: _____
 IF YES, DO YOU HAVE IRRIGATED LANDS REGULATORY COVERAGE?
 YES
 NO

DO YOU APPLY BIOSOLIDS, WHEY OR OTHER WASTE TO CROPLAND THAT IS PART OF YOUR FACILITY? _____ YES _____ NO

C. WASTE REMOVAL:

DO YOU TRANSFER SOME OR ALL OF YOUR SOLID MANURE AND/OR BEDDING TO OTHER PERSONS? _____ YES _____ NO

DO YOU TRANSFER SOME OR ALL OF YOUR WASTEWATER TO OTHER PERSONS?
_____ YES _____ NO

D. FLOOD PROTECTION/RUNOFF CONTROLS

Is there a stream or other waterway located on or bordering your facility?
_____ Yes _____ No

If you checked "Yes", please describe the practices used to prevent animals from entering the waterway:

Is storm water runoff that contacts animal wastes fully retained on the facility? ___ Yes ___ No

Describe how storm water runoff is controlled and where it is stored:

E. COMPOSTING OPERATIONS

Does your facility include a composting operation? _____ Yes _____ No

If so, complete Attachment A-1 describing your composting operation.

F. DO YOU MEET THE CRITERIA FOR THE LIMITED TIME OPERATION TIER IDENTIFIED IN FINDING 4 OF THE BOVINE GENERAL ORDER?

- NO
- YES

IF YES, CONFIRM THE FOLLOWING ABOUT YOUR OPERATION:

4.a.

- BOVINE ANIMALS ARE HOUSED FOR FEWER THAN 24 DAYS PER CALENDAR MONTH.

4.b.

- ALL MANURE IS EXPORTED

OR

- CROPLAND THAT HAS MANURE APPLIED IS COVERED UNDER THE IRRIGATED LANDS REGULATORY PROGRAM

4.c.

- MANURE IS STORED IN A ROOFED STRUCTURE WITH FEATURES TO LIMIT THE ENTRANCE OF PRECIPITATION

OR

- MANURE IS STORED IN A STORAGE AREA THAT HAS A LOW PERMEABILITY SURFACE AND FEATURES TO CONTROL RUN-ON OF WATER ONTO THE PAD, AND RUN-OFF OF LIQUID FROM THE PAD, AND THROUGHOUT THE WET SEASON WHEN NECESSARY (AND AT A MINIMUM ONE DAY PRIOR TO ANY FORECASTED MAJOR STORM EVENT, WHICH IS ONE INCH OF PRECIPITATION WITHIN 24 HOURS), MANURE IS EITHER REMOVED FROM THE SITE OR COVERED WITH A WEATHERPROOF COVERING SUCH THAT RUNOFF LEAVING THE STORAGE AREA WILL NOT HAVE CONTACTED MANURE.

4.d.

- COMPOSTING OF MANURE IS CONDUCTED IN A ROOFED STRUCTURE WITH FEATURES TO LIMIT THE ENTRANCE OF PRECIPITATION, AND ON CONCRETE OR AN EQUIVALENT LOW PERMEABILITY SURFACE, AND FREE LIQUIDS ARE NOT RELEASED DURING THE COMPOSTING PROCESS.

OR

- THE COMPOSTING IS REGULATED SEPARATELY UNDER THE COMPOSTING GENERAL ORDER

4.e.

- CORRAL RUNOFF IS STORED IN POND(S) THAT ONLY CONTAIN WATER SEASONALLY AND ARE OTHERWISE DRY, AND THAT DO NOT RECEIVE WASTEWATER FROM ANY SOURCE OTHER THAN CORRAL RUNOFF.

G. DO YOU MEET THE CRITERIA FOR A LIMITED POPULATION OPERATION TIER IDENTIFIED IN FINDING 5 OF THE BOVINE GENERAL ORDER?

- NO
 YES

IF YES, CONFIRM THE FOLLOWING ABOUT YOUR OPERATION:

5a.

- BETWEEN 6 AND 99 ANIMAL UNITS² ARE HOUSED AT YOUR FACILITY

5b.

- ALL MANURE IS EXPORTED

OR

- CROPLAND THAT HAS MANURE APPLIED IS COVERED UNDER THE IRRIGATED LANDS REGULATORY PROGRAM

5c.

- CORRAL RUNOFF IS STORED IN POND(S) THAT ONLY CONTAIN WATER SEASONALLY AND ARE OTHERWISE DRY, AND THAT DO NOT RECEIVE WASTEWATER FROM ANY SOURCE OTHER THAN CORRAL RUNOFF.

5.d.

- COMPOSTING OF MANURE IS CONDUCTED IN A ROOFED STRUCTURE WITH FEATURES TO LIMIT THE ENTRANCE OF PRECIPITATION, AND ON CONCRETE OR AN EQUIVALENT LOW PERMEABILITY SURFACE, AND FREE LIQUIDS ARE NOT RELEASED DURING THE COMPOSTING PROCESS.

OR

- THE COMPOSTING IS REGULATED SEPARATELY UNDER THE COMPOSTING GENERAL ORDER

ADDITIONAL INFORMATION

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 : _____

Please attach a map of your facility. The map should show the roads adjacent to the confined bovine feeding operation, the locations of creeks, wells, major buildings, animal housing, waste storage facilities, irrigation lines, drainage channels, and the names, APNs, and location of any fields that receive wastewater, manure, or used bedding.

² 1 Animal Unit (AU) equals 1,000 pounds of animal weight

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.

SIGNATURE OF OWNER OF FACILITY

SIGNATURE OF OPERATOR OF FACILITY

PRINT OR TYPE NAME

PRINT OR TYPE NAME

TITLE AND DATE

TITLE AND DATE

NOI SUBMISSION INSTRUCTIONS

The NOI for facilities in Fresno, Kern, Kings, Madera, Mariposa, and Tulare counties should be submitted to the California Regional Water Quality Control Board, either by email to:

centralvalleyfresno@waterboards.ca.gov

or by mail to:

California Regional Water Quality Control Board
Central Valley Region
1685 E Street
Fresno, CA 93706
Attention: Confined Animal Regulatory Unit

The NOI for facilities in all other counties should be submitted either by email to:

centralvalleysacramento@waterboards.ca.gov

or by mail to:

California Regional Water Quality Control Board
Central Valley Region
11020 Sun Center Drive #200
Rancho Cordova, CA 95670
Attention: Confined Animal Regulatory Unit

CALCULATION OF ANIMAL UNITS (AU)

To complete the table below, enter the number of head in column A. Then multiply the number by the appropriate factor and enter the results in column B. For mature cows, multiply the results in column B by an adjustment factor as needed and enter the results in columns C and D. For animals other than mature cows, copy the numbers in column B into column D.

			A	B	C	D
		Factor	Head	AU	Adjustment for Breed	Total AUs
	ANIMAL				AU times 1.0, 1.2, or 1.4	
1.	Milk or Dry Cows	1.0				
2.	Heifers (2 years and older)	0.73				
3.	Heifers (1 year to breeding)	0.73				
4.	Calves (3 months to 1 year)	0.35				
5.	Baby Calves (< 3 months)	0.21				
6.	Beef Cattle	1.2				
7.	Total					

Adjustments for Animal Breed: The AU values above are based on a 1,000-pound AU per Title 40 Code of Federal Regulations, Section 122, and can be used directly for mature Jersey cows. For mature Guernseys, multiply the AU values by 1.2; for mature Holsteins, multiply the AU values by 1.4.