



**FORM FOR TRANSFER OF OWNER/OPERATOR COVERAGE  
UNDER WASTE DISCHARGE REQUIREMENTS  
GENERAL ORDER R5-2017-0058 FOR  
CONFINED BOVINE FEEDING OPERATIONS**



This form consists of three parts and is for use by current and new owners and/or operators when there is a transfer of ownership and/or operator at a confined bovine feeding operation covered under Waste Discharge Requirement General Order R5-2017-0058 for Confined Bovine Feeding Operations (General Order). New owners and/or operators are required to complete and submit Parts I and III and are not authorized to discharge under the General Order (and are subject to enforcement) until receiving written approval of the coverage transfer from the Executive Officer.

Current owners and/or operators should complete and submit Parts I, II, III.A, and III.B no less than 60 days before any planned change in ownership or control of the bovine facility in order to provide the required notification of a change in ownership and/or operator and notification of informing the new owner and/or operator of the existence of the General Order\*.

The current and new owners/operators are encouraged, but not required, to complete the form jointly and submit it 60 days prior to any planned change in ownership or control of the bovine facility.

**PART I: BOVINE FACILITY INFORMATION**

**A. Current Facility Information:**

Current Facility Name (required):
Current Facility Address (required):
City:

**B. New Facility Information:**

New Facility Name (if different than current name):	
New Facility Address (if different than current name):	
County:	Zip Code:

**PART II: CURRENT OWNER/OPERATOR INFORMATION**

**A. Current Owner/Operator Name:**

Current Owner Name:
Current Operator Name:

\* Current owners/operators are not required to use this form, but written notification containing information required by the General Order must be provided no less than 60 days prior to the change in ownership or control.



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**B. Current Owner/Operator Certification:**

*I certify under penalty of law that I have informed the new owner and/or operator of the existence of the General Order and that I have personally examined and am familiar with the information submitted in Parts I, II, III.A, and III.B of 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.*

SIGNATURE OF CURRENT OWNER	SIGNATURE OF CURRENT OPERATOR
PRINT OR TYPE NAME	PRINT OR TYPE NAME
DATE	DATE

**PART III: NEW OWNER/OPERATOR INFORMATION**

**A. New Owner Information** – Check here if not applicable \_\_\_\_\_ :

Name:	Owner Type (Check one): <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Governmental Agency <input type="checkbox"/> Other: _____
Mailing Address:	
City:	
Contact Person:	Telephone Number:

**B. New Operator Information** – Check here if not applicable \_\_\_\_\_ :

Name:	Operator Type (Check one): <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Governmental Agency <input type="checkbox"/> Other: _____
Mailing Address:	
City:	
Contact Person:	Telephone Number:

**C. Person To Receive Central Valley Water Board Correspondence:**

Send correspondence to: <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Both
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**D. Billing:**

Send bills to (Check One):

Owner

Operator

Other (identify below):

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Name (Print)	Address	City	State	Zip
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**E. Agreement To Assume Responsibility Under Waste Discharge Requirements  
General Order No. R5-2017-0058 For Confined Bovine Feeding Operations:**

*I assume full responsibility for compliance with General Order, including development of the required Waste Management Plan and Nutrient Management Plan and/or implementation of any such plans prepared by the preceding owner or operator.*

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SIGNATURE OF NEW OWNER	SIGNATURE OF NEW OPERATOR
PRINT OR TYPE NAME	PRINT OR TYPE NAME
DATE	DATE

**F. New Owner/Operator 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.*

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SIGNATURE OF NEW OWNER	SIGNATURE OF NEW OPERATOR
PRINT OR TYPE NAME	PRINT OR TYPE NAME
DATE	DATE



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**G. Form Submission:**

This form must be submitted to the following address:

For facilities in Fresno, Kern, Kings, Madera, Mariposa, and Tulare counties, submit requests to:  
California Regional Water Quality Control Board  
Central Valley Region  
1685 E Street  
Fresno, CA 93706  
Attention: Confined Animal Regulatory Unit

For facilities in all other counties, submit requests to:

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