



**FORM FOR TRANSFER OF OWNER/OPERATOR COVERAGE  
UNDER REISSUED WASTE DISCHARGE REQUIREMENTS  
GENERAL ORDER R5-2013-0122 FOR  
EXISTING MILK COW DAIRIES**



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 an existing milk cow dairy covered under Reissued Waste Discharge Requirement General Order R5-2013-0122 for Existing Milk Cow Dairies (Reissued 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 Reissued 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 dairy 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 Reissued 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 dairy.

**PART I: DAIRY 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 Reissued General Order must be provided no less than 60 days prior to the change in ownership or control.



**FORM FOR TRANSFER OF OWNER/OPERATOR COVERAGE  
UNDER REISSUED WASTE DISCHARGE REQUIREMENTS  
GENERAL ORDER R5-2013-0122 FOR  
EXISTING MILK COW DAIRIES**



**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 Reissued 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="radio"/> Individual <input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Governmental Agency <input type="radio"/> Other: _____
Mailing Address:	
City:	
Contact Person:	Telephone Number:

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

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

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

Send correspondence to: <input type="radio"/> Owner <input type="radio"/> Operator <input type="radio"/> Both
--



**FORM FOR TRANSFER OF OWNER/OPERATOR COVERAGE  
UNDER REISSUED WASTE DISCHARGE REQUIREMENTS  
GENERAL ORDER R5-2013-0122 FOR  
EXISTING MILK COW DAIRIES**



**D. Billing:**

Send bills to (Check One):

- Owner
- Operator
- Other (identify below):

---

Name (Print)	Address	City	State	Zip
--------------	---------	------	-------	-----

**E. Agreement To Assume Responsibility Under Reissued Waste Discharge Requirements General Order No. R5-2013-0122 For Existing Milk Cow Dairies:**

*I assume full responsibility for compliance with Reissued 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.*

---

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.*

---

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



**FORM FOR TRANSFER OF OWNER/OPERATOR COVERAGE  
UNDER REISSUED WASTE DISCHARGE REQUIREMENTS  
GENERAL ORDER R5-2013-0122 FOR  
EXISTING MILK COW DAIRIES**



**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