CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD CENTRAL VALLEY REGION

ANNUAL REPORT FOR

FACILITIES IN THE FEEDLOT CATEGORY REGULATED BY STATEWIDE GENERAL PERMIT - WQ ORDER NO. 97-03-DWQ NPDES NO. CAS000001

This report form is designed for use by facilities in the feedlot category that have submitted a Notice of Intent to comply with the General Permit for Discharges of Storm Water Associated with Industrial Activities (General Permit) *and* that qualify for a reduced monitoring program because the facility is operated in compliance with state water quality regulations.

Please provide the following information. For questions you have answered with a "No" response, provide a brief explanation on a separate sheet(s) of paper. Attach the extra pages to your report form.

This report must be signed by an appropriate official of your company (see Section C.9 and C.10 of the General Permit).

GENERAL OWNER/FACILITY INFORMATION

.			
Facility/Site Informa	tion:		
Name:		County:	
Street Address:			
City:	State:	Zip Code:	
Describe your business	activities:		

T:	Fitla.				
Si	Signature:		_ Date:		
Pr	Printed Name:				
Diatta qua per inf	Discharges Associated wind attachments were prepare qualified personnel proper persons who manage the sufformation submitted is,	th Industrial Activities and I cerd under my direction or supervirly gather and evaluate the inforsystem or those persons directly to the best of my knowledge and ties for submitting false informatical evaluations.	rtify under passion in accommation subverseponsible delief, tru	penalty of law that ordance with a systemitted. Based on the for gathering the e, accurate, and c	t this document and all tem designed to ensure that my inquiry of the person or e information, the omplete. I am aware that
		CERTIFI	CATION	1:	
	must notify the Regio the actions necessary	who cannot certify compliance a onal Board. The notification sha to achieve compliance, and a tin iance notifications must be subr	all identify t me schedule	he type(s) of none indicating when	compliance, a description of compliance will be
5.		licated below) that, based on yo appliance with the requirements of			
	If "Yes," complete the your report.	e enclosed Visual Monitoring R	Reporting Fo	rm or an equivale	ent, and submit as part of
4.	•	thly visual inspections of your set the lagoons and detect any off-		* *	
3.	3. Have you implemented	ed all elements of your SWPPP?	?Yes	No	
2.	2. Have you prepared a General Permit?	Storm Water Pollution Preventic	on Plan (SV	VPPP) as required	in Section A of the
	form. Co standard <i>http://ww</i>	aswered "No" to this question, complete and return the standard annual form from the websitew.waterboards.ca.gov/water_ist the Regional Water Quality	ard annual e - ssues/progra	report form. Yo ums/stormwater/i	u may download the
1.		facility in full compliance with (see attached information)			55, Title 27, California

Annual Report Visual Monitoring Reporting Form

July			Lagoon Freeboard (ft)	Offsite Discharge	Comments	Actions Taken
		<u>Inspector</u>	#1#4			
	Time	Signature	#2#5	No		
			#3 #6			
August			Lagoon Freeboard (ft)	Offsite Discharge	Comments	Actions Taken
	<u>Date</u>	<u>Inspector</u>	#1#4	Yes		
	<u>Time</u>	Signature	#2#5	No		
			#3 #6			
September			Lagoon Freeboard (ft)	Offsite Discharge	Comments	Actions Taken
	<u>Date</u>	<u>Inspector</u>	#1#4	Yes		
		Signature	#2#5	No		
			#3 #6			
October			Lagoon Freeboard (ft)	Offsite Discharge	Comments	Actions Taken
	<u>Date</u>	<u>Inspector</u>	#1#4	Yes		
	<u>Time</u>	<u>Signature</u>	#2#5	No		
	Time	Signature	#2#5 #3 #6	No		
November	Time	<u>Signature</u>			Comments	Actions Taken
			#3 #6 Lagoon Freeboard (ft)	Offsite Discharge	Comments	Actions Taken
	Date	<u>Inspector</u>	#3 #6 Lagoon Freeboard (ft)	Offsite Discharge Yes	Comments	Actions Taken
	Date		#3 #6 Lagoon Freeboard (ft) #1#4	Offsite Discharge Yes	Comments	Actions Taken
	Date	<u>Inspector</u>	#3 #6 Lagoon Freeboard (ft) #1 #4 #2 #5	Offsite Discharge Yes No	Comments	Actions Taken Actions Taken
November December	Date Time	Inspector Signature	#3 #6 Lagoon Freeboard (ft) #1 #4 #2 #5 #3 #6 Lagoon Freeboard (ft)	Offsite Discharge Yes No Offsite Discharge		
November December	Date Time Date	<u>Inspector</u>	#3 #6 Lagoon Freeboard (ft) #1 #4 #2 #5 #3 #6	Offsite Discharge Yes No Offsite Discharge Yes		

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January			Lagoon Freeboard (ft)	Offsite Discharge	Comments	Actions Taken
	<u>Date</u>	<u>Inspector</u>	#1#4	Yes		
	Time	Signature	#2#5	No		
			#3 #6			
February			Lagoon Freeboard (ft)	Offsite Discharge	Comments	Actions Taken
	Date	Inspector	#1#4	Yes		
	Time	Signature	#2#5	No		
			#3 #6			
March			Lagoon Freeboard (ft)	Offsite Discharge	Comments	Actions Taken
	<u>Date</u>	<u>Inspector</u>	#1#4	Yes		
	Time	Signature	#2#5	No		
			#3 #6			
April			Lagoon Freeboard (ft)	Offsite Discharge	Comments	Actions Taken
	Date	<u>Inspector</u>	#1#4	Yes		
	<u>Time</u>	<u>Signature</u>	#2#5	No		
			#3 #6			
May			#3 #6 Lagoon Freeboard (ft)	Offsite Discharge	Comments	Actions Taken
May	Date	<u>Inspector</u>		<u> </u>	Comments	Actions Taken
May		Inspector Signature	Lagoon Freeboard (ft)	Yes	Comments	Actions Taken
May			Lagoon Freeboard (ft) #1#4	Yes	Comments	Actions Taken
May			#1#4 #2#5	Yes	Comments	Actions Taken Actions Taken
·			#1#4 #2#5 #3#6	YesNoOffsite Discharge		
·	Time Date	<u>Signature</u>	#1#4 #2#5 #3#6	Yes Offsite Discharge Yes		