

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD

COLORADO RIVER BASIN REGION

73-720 Fred Waring Drive, Suite 100 Palm Desert, CA 92260
 Phone: (760) 346-7491 • Fax: (760) 341-6820
<http://www.waterboards.ca.gov/coloradoriver>

**ORDER R7-2021-0029
 NPDES NO. CAG017001**



**GENERAL WASTE DISCHARGE REQUIREMENTS
 AND NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 PERMIT FOR CONCENTRATED ANIMAL FEEDING OPERATIONS WITHIN
 THE COLORADO RIVER BASIN REGION**

The following Dischargers are subject to Waste Discharge Requirements (WDRs) as set forth in this Order:

Table 1. Discharger Information

| | |
|-------------------|---|
| Discharger | Persons discharging wastes from a Concentrated Animal Feeding Operation or related facility in any manner that may affect the quality of the waters of the Colorado River Basin Region are hereafter referred to as “Discharger” and are subject to the terms and conditions of this Order. |
|-------------------|---|

Table 2. Administrative Information

| | |
|--|------------------|
| This Order was adopted by the Regional Water Quality Control Board on: | November 2, 2021 |
| This Order shall become effective on: | April 1, 2022 |
| This Order shall expire on: | March 31, 2027 |

Attachments

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Attachment G Annual Report

**California Regional Water Quality Control Board
 Colorado River Basin Region (R-7)
 73-720 Fred Waring Drive, Suite 100
 Palm Desert, CA 92260
 (760) 346-7491**

Reporting Period: January 1, 20____ to December 31, 20____
Report Due Date: February 15, 20____

PART A – ANNUAL REPORT OF ANIMAL WASTE DISCHARGE

| |
|---|
| I. Facility Information (Please make corrections directly on this form.) |
| Operator's Name: |
| Facility Name: |
| Facility Address: |
| Mailing Address: |
| Telephone Number: |
| Email Address: |

Does the information provided apply only to the facility address indicated above?

Yes No

If No, please provide the name and address of the other facilities in the comment section of this report.

Note: Submit a separate report for each of your facilities including dry cow, heifer, and calf ranches.

II. Type And Number Of Animals

Report the maximum number of each type of animal confined at this facility at any one time (and, for dairies, the number of milkings per day).

| Type | Number in Open Confinement | Number Housed Under Roof |
|----------------------------|----------------------------|--|
| Mature Dairy Cows | | |
| Number of milkings per day | (dairies only) | <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three |
| Dairy Heifers | | |
| Veal Calves | | |
| Other Cattle | | |
| Swine (55 lb. or more) | | |
| Swine (under 55 lb.) | | |
| Horses | | |
| Sheep or Lambs | | |

| | | |
|----------------------------|--|--|
| Turkeys | | |
| Chickens (broilers) | | |
| Chickens (layers) | | |
| Ducks | | |
| Other: (specify): _____ | | |

III. Manure, Litter, And Process Wastewater Production

Report the estimated amount of manure, litter, and process wastewater that were generated at this facility during the 12-month reporting period identified at the top of this report.

| |
|--|
| A. Amount of manure generated during the reporting period: _____ tons. |
| B. Amount of manure generated during the reporting period that is stockpiled on site as of 12/31/20____ : _____ tons |
| C. Amount of litter generated during the reporting period: _____ tons. |
| D. Amount of process wastewater generated during the reporting period: _____ gallons. |

Were the production factors provided below used to estimate your manure information?

| Provided Production Factors | Productions Factors Used | Provide Other Production Factor, if used |
|---|--|--|
| Beef cattle produce approximately 1.5 tons per animal per year of manure. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1 Milking cow produces approximately 4.1 tons per year of manure. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1 Dry cow produces approximately 4.1 tons per year of manure. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1 Heifer produces approximately 1.5 tons per year of manure. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1 Calf produces 0.6 tons per year of manure. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1 ton of corral manure equals 2.32 cubic yards. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1 cubic yard of corral manure equals 0.43 tons. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

IV. Manure, Litter, and Process Wastewater Transferred to Other Persons

Report the estimated amount of manure, litter, and process wastewater that were transferred to other persons during the 12-month reporting period identified at the top of this report.

| |
|---|
| A. Amount of manure transferred during the reporting period: _____ tons. |
| B. Amount of litter transferred during the reporting period: _____ tons. |
| C. Amount of process wastewater transferred during the reporting period: _____ gallons. |

V. Summary of Production Area Discharges

Report all discharges of manure, litter, and process wastewater from the production area to waters of the United States during the 12-month reporting period.

| Date of Discharge | Time of Discharge | Estimated Volume |
|-------------------|-------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

VI. Instances of Noncompliance Not Previously Reported

During the reporting period were there any instances of noncompliance which have not been reported to the permitting authority? _____ Yes _____ No

If yes, please provide the information requested below.

- Description of the noncompliance and its cause.
- The period that the operation was in noncompliance with permit conditions, including exact dates and times.
- In those cases where noncompliance has not been corrected, the anticipated time it is expected to continue.
- Description of the steps taken or planned to reduce, eliminate, and prevent reoccurrence of the noncompliance.

VII. Certification of Preparation of Inspection Logs And Manifests

- I certify that a CAFO Stormwater Management Structure Inspections Log has been prepared for and is maintained at this facility.
- I certify that a Water Line Inspections Log has been prepared for and is maintained at this facility.
- I certify that a Manure Tracking Manifest has been prepared for each manure hauling event that have occurred at this facility (Large CAFOs only).

PART B – COMPOSTING INVENTORY

I certify that no composting occurs at this facility. (If box is checked, skip to Part C.)

| | January | February | March | April | May | June | July | August | September | October | November | December |
|--|---------|----------|-------|-------|-----|------|------|--------|-----------|---------|----------|----------|
| I. Materials Monitoring | | | | | | | | | | | | |
| Quantity (tons) and description of manure received from each source | | | | | | | | | | | | |
| Quantity (tons) and description of green waste received from each source | | | | | | | | | | | | |
| Quantity (tons) and description of fertilizer received from each source | | | | | | | | | | | | |
| Quantity of composted material (tons) shipped off-site | | | | | | | | | | | | |
| Estimated quantities of raw materials, in-process-inventory and finished | | | | | | | | | | | | |

| | January | February | March | April | May | June | July | August | September | October | November | December |
|---|---------|----------|-------|-------|-----|------|------|--------|-----------|---------|----------|----------|
| II. Flood Protection Monitoring¹ | | | | | | | | | | | | |
| The Discharger shall inspect all internal and external flood protection facilities at least quarterly and following each storm which generates any stormwater flow through the drainage system. Indicate whether these inspections were conducted for each quarter. | | | | | | | | | | | | |

¹ If significant damage to the flood protection facilities is found, the Discharger shall report this information to the Colorado River Basin Water Board immediately by telephone, and transmit by letter within five business days of its occurrence the following information:

- a. Location and extent of damage;
- b. Interim measures to be taken to assure that no wastes are discharged from the facility; and
- c. Time schedule for repairs

| |
|---|
| III. Stormwater Monitoring |
| <p>1. Did any stormwater discharge(s) occur from the composting operations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. If yes, attach the results of all stormwater discharge analyses to this report and/or explain why any stormwater discharges from the composting operations were not analyzed for the required parameters:</p> <p><input type="checkbox"/> Check if analysis results are attached.</p> <p>If any stormwater discharges from the composting operations were not analyzed for the required parameters, explain below:</p> |

IV. Operation and Maintenance

Document any erosion control or drainage problems and/or related maintenance:

PART C – LAND APPLICATION OF MANURE, LITTER, AND PROCESS WASTEWATER REPORT

I certify that no land application of manure, compost, litter, and/or process wastewater occurs at this facility. (If box is checked, skip to Part D.)

I. Nutrient Management Plan

Indicate whether the facility's Nutrient Management Plan (NMP) was either prepared or approved by a certified nutrient management planner. *Note: The Colorado River Basin Water Board does not require CAFO owners or operators to use a certified nutrient management planner to prepare or approve NMPs.*

Was the current version of this facility's NMP prepared or approved by a certified nutrient management planner? Yes No

II. Acres Used for Land Application

Report the total number of acres of land that are covered by this facility's NMP. Include all land application acres covered by the NMP, whether or not they were used for land application during the reporting period.

A. Total number of land application acres covered by the NMP: _____ acres.

Report the total number of acres of land where manure, litter, or process wastewater generated at this facility was spread. Include only land application areas that are under the control of this CAFO facility.

B. Total number of acres under the control of the CAFO used for land application during the reporting period: _____ acres.

III. Nutrient Analyses

Report the nutrient content of the manure, litter, and process wastewater that was applied during the reporting period. Report the results that were used to calculate nutrient application rates for the crops that were harvested during the reporting year. Attach additional sheets if needed.

| Source sampled ^a | Sample date ^b | Analytical Results | | | |
|-----------------------------|--------------------------|--------------------|-----|----|--------------------|
| | | NH ₄ -N | TKN | TP | Units ^c |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

- a. Identify the manure type (e.g., liquid, slurry, solid, compost, litter, etc.) that was sampled and the storage structure sampled (if more than one structure used to store that type of manure). Use a separate line for each unique source. The source identification should correspond to those used in the approved NMP.
- b. Indicate the date of the sample results reported.
- c. Indicate the reporting units (i.e., mg/L, mg/kg, lb/ton, or lb/1,000 gallons).

Report the results of the most recent soil nutrient analyses used in calculating nutrient application rates for the crops harvested during the reporting year. If soil is not analyzed for nitrogen, report the calculated amount of plant available nitrogen in each field used to determine land application rates. Attach additional sheets if needed.

| Field ID ^a | Sample Date ^b | Analytical Results | | | | | | Calculated | |
|-----------------------|--------------------------|--------------------|--------------------|---------------------|-----------------------|---------------------|--------------------|------------------|--------------------|
| | | Soluble P | | | Nitrogen ^e | | | | |
| | | Result | Units ^c | Method ^d | Result | N form ^f | Units ^c | PAN ^g | Units ^c |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

- a. List all fields where manure, litter, or process wastewater was applied during the reporting period. The field ID should correspond to those used in the approved NMP.
- b. Indicate the date of the sample results reported.
- c. Indicate the reporting units (i.e., mg/kg or lbs/acre).
- d. Indicate the extraction method used.
- e. Note that the permit does not require soil nitrogen analysis. Report the results if soil nitrogen analyses if they were conducted.
- f. Indicate the nitrogen form analyzed. Use multiple rows for multiple forms of N.
- g. Indicate the calculated amount of plant available nitrogen in the soil, if soil nitrogen analyses were not used in calculating nutrient application rates.

PART D – GROUNDWATER MONITORING REPORT

Attach the results of quarterly groundwater monitoring conducted in accordance with the CAFO’s approved groundwater monitoring program, if required by the Colorado River Basin Water Board. Check the appropriate box(es) below.

- A groundwater monitoring program is required for this facility.
 - Monitoring results are attached.
 - Monitoring results are not attached. Explain:

- Not applicable. A groundwater monitoring program is not required for this facility.

PART E – CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direct 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 this 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: _____ Date: _____

Title: _____

Print Name: _____

Submit by: February 15, 20____

Submit to: California Regional Water Quality Control Board
Colorado River Basin Region
73-720 Fred Waring Drive, Suite 100
Palm Desert, CA. 92260

Attachment H Manure Tracking Manifest

| Manure Tracking Manifest Colorado River Basin Water Board | |
|---|--|
| Instructions | |
| <ol style="list-style-type: none"> 1. Complete one manifest for each hauling event, for each destination. A hauling event may last for several days, as long as the manure is being hauled to the same destination. 2. If there are multiple destinations, complete a separate form for each destination. 3. The operator must obtain the signature of the hauler upon completion of each manure hauling event. 4. The operator shall maintain manure tracking manifests on site at the permitted facility. | |
| Operator Information | |
| Name of Operator: | |
| Name of Facility: | |
| Facility Address: | |
| Mailing Address: | |
| Phone Number: | |

| | |
|--|--|
| Manure Hauler Information | |
| Name of Hauling Company and Contact Person: | Phone Number: |
| Destination information | |
| Hauled to (please check one): <input type="checkbox"/> Composting Facility <input type="checkbox"/> Regional Digester <input type="checkbox"/> Riverside County <input type="checkbox"/> San Bernardino County <input type="checkbox"/> Imperial County <input type="checkbox"/> San Diego County <input type="checkbox"/> Other County/State: (Please list below) <hr style="width: 30%; margin-left: 0;"/> | Dates Hauled: <hr style="width: 80%; margin-left: 0;"/> Please give name and location of the composting operation, or, if the manure was hauled to cropland, the owner or tenant, and the destination address, or nearest cross streets. <hr style="width: 80%; margin-left: 0;"/> |

| | |
|--|--|
| | |
|--|--|

Please enter the amount in the box below and circle the appropriate units:

| Amount removed from Facility | Amount Composted | Amount to Digester |
|------------------------------|---------------------|---------------------|
| Tons or Cubic Yards | Tons or Cubic Yards | Tons or Cubic Yards |

| | |
|---|--|
| <p>Certification</p> <p>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 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.</p> <p>Operator's Signature: _____ Date: _____</p> <p>Hauler's Signature: _____ Date: _____</p> | |
|---|--|

Attachment I Stormwater and Wastewater Management Structure and Water Lines Inspection Form

CAFO Weekly Stormwater and Wastewater Management Structure and Daily Water Lines Inspections Log Sheet

Facility Name: _____ NPDES Permit No.: CAG017001

Instructions: Use this form to keep track of weekly visual inspections of your wastewater and stormwater management structure(s) (including stormwater and runoff diversion devices, and devices used to channel contaminated stormwater to a wastewater storage or containment structure) and daily water line inspections (including drinking water lines and cooling water lines). List the items that need to be inspected below.

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Keep track of your inspections in the following table by filling out one row each week when you inspect your stormwater management structures and water lines. Provide the following information:

- ✓ the date of the inspection
- ✓ the initials of the inspector
- ✓ check the "OK" box if no problems were found
- ✓ use the "Notes" column to describe problems, if you find any, and how they might be fixed
- ✓ fill in the "date corrected" column with the date when you correct the problem
- ✓ check the box indicating daily water line inspections were conducted

| | Date | Initials | OK (✓ if no problems found) | Notes (Note any problems found and possible solutions.) | Date Corrected | Daily Inspections Conducted? (Yes/No) |
|--------|------|----------|--------------------------------|--|----------------|--|
| Week 1 | | | | | | |
| Week 2 | | | | | | |
| Week 3 | | | | | | |

| | Date | Initials | OK (✓ if no problems found) | Notes (Note any problems found and possible solutions.) | Date Corrected | Daily Inspections Conducted? (Yes/No) |
|---------|-------------|-----------------|---------------------------------------|---|-----------------------|---|
| Week 4 | | | | | | |
| Week 5 | | | | | | |
| Week 6 | | | | | | |
| Week 7 | | | | | | |
| Week 8 | | | | | | |
| Week 9 | | | | | | |
| Week 10 | | | | | | |
| Week 11 | | | | | | |
| Week 12 | | | | | | |
| Week 13 | | | | | | |
| Week 14 | | | | | | |
| Week 15 | | | | | | |
| Week 16 | | | | | | |

| | Date | Initials | OK (✓ if no problems found) | Notes (Note any problems found and possible solutions.) | Date Corrected | Daily Inspections Conducted? (Yes/No) |
|---------|-------------|-----------------|---------------------------------------|---|-----------------------|---|
| Week 17 | | | | | | |
| Week 18 | | | | | | |
| Week 19 | | | | | | |
| Week 20 | | | | | | |
| Week 21 | | | | | | |
| Week 22 | | | | | | |
| Week 23 | | | | | | |
| Week 24 | | | | | | |
| Week 25 | | | | | | |
| Week 26 | | | | | | |
| Week 27 | | | | | | |
| Week 28 | | | | | | |
| Week 29 | | | | | | |

| | Date | Initials | OK (✓ if no problems found) | Notes (Note any problems found and possible solutions.) | Date Corrected | Daily Inspections Conducted? (Yes/No) |
|---------|-------------|-----------------|---------------------------------------|---|-----------------------|---|
| Week 30 | | | | | | |
| Week 31 | | | | | | |
| Week 32 | | | | | | |
| Week 33 | | | | | | |
| Week 34 | | | | | | |
| Week 35 | | | | | | |
| Week 36 | | | | | | |
| Week 37 | | | | | | |
| Week 38 | | | | | | |
| Week 39 | | | | | | |
| Week 40 | | | | | | |
| Week 41 | | | | | | |
| Week 42 | | | | | | |

| | Date | Initials | OK (✓ if no problems found) | Notes (Note any problems found and possible solutions.) | Date Corrected | Daily Inspections Conducted? (Yes/No) |
|---------|-------------|-----------------|---------------------------------------|---|-----------------------|---|
| Week 43 | | | | | | |
| Week 44 | | | | | | |
| Week 45 | | | | | | |
| Week 46 | | | | | | |
| Week 47 | | | | | | |
| Week 48 | | | | | | |
| Week 49 | | | | | | |
| Week 50 | | | | | | |
| Week 51 | | | | | | |
| Week 52 | | | | | | |

Attachment J – Discharge Notification Form

**California Regional Water Quality Control Board
Colorado River Basin Region (R-7)
73-720 Fred Waring Drive, Suite 100
Palm Desert, CA 92260
(760) 346-7491**

Discharge Notification Form

Facility Name: _____ NPDES Permit No.: CAG017001

If you have a discharge from the production area or land application area(s):

1. Call the Governor’s Office of Emergency Services (800) 852-7550 and the Regional Water Quality Control Board (760) 346-7491 as soon as:
 - a. You know about the discharge,
 - b. Notification is possible, and
 - c. You can provide notification without substantially impeding cleanup or other emergency measures.
2. Within 24 hours, submit a certification to the Colorado River Basin Water Board that you have notified the Office of Emergency Services and the local health officer or directors of environmental health with jurisdiction over the affected water bodies.
3. Keep a record of the approximate date, time, duration, location, description, and volume of the discharge.
4. Conduct discharge monitoring and receiving water monitoring as described in the MRP (Sections IV.A, VIII.A and B, and IX.F)
5. Submit this form to the Colorado River Basin Water Board within 5 days of the discharge, as required by Section XI.D of the Monitoring and Reporting Program.

Describe each discharge of manure, litter, and/or process wastewater from the production area or land application area(s) under the ownership or operational control of the Discharger (except agricultural stormwater discharges). Attach additional sheets, if needed.

| Date ^a | Time ^b | Duration ^c | Location ^d | Description ^e | Volume ^f |
|-------------------|-------------------|-----------------------|-----------------------|--------------------------|---------------------|
| | | | | | |
| | | | | | |
| | | | | | |

^a **Date:** The date of the discharge. If the discharge was detected after it happened, give an estimate of the date when the discharge occurred.

^b **Time:** The time of the discharge. If the discharge was detected after it happened, give an estimate of the time when the discharge occurred.

^c **Duration:** The duration of the discharge.

^d **Location:** The location of the discharge to waters of the U.S. Be specific. Include the name of the water body, and a specific description of where the manure, litter, or process wastewater entered the water body. Include landmarks or other points of reference (e.g., Three Mile Creek, at southeast corner of feedlot where creek bends to the west).

^e **Description:** Provide other relevant information about the discharge, including the source, cause, composition (e.g., emergency overflow of process wastewater from lagoon #2), and impacts observed (e.g., fish kill in waterbody).

f **Volume:** Give an estimate of the number of gallons or tons of manure, litter, or process wastewater discharged

Provide analytical results from each discharge of manure, compost, litter, and/or process wastewater that occurred during the reporting period. Attach additional sheets, if needed.

| Parameter | Units | Result | Method Detection Level (MDL) |
|---------------------------|------------------------|--------|------------------------------|
| Volume | Gallons or Acre-Inches | | |
| Nitrate-Nitrogen | mg/L | | |
| Total Kjeldahl Nitrogen | mg/L | | |
| Phosphorus, Total | mg/L | | |
| Dissolved Oxygen | mg/L | | |
| Total Dissolved Solids | mg/L | | |
| Total Suspended Solids | mg/L | | |
| E. coli | MPN/100 ml | | |
| Fecal Coliform | MPN/100 ml | | |
| Enterococcus ¹ | MPN/100 ml | | |

¹ For discharges to the New River

Provide analytical results from the receiving water for each discharge of manure, compost, litter, and/or process wastewater that occurred during the reporting period. Attach additional sheets, if needed.

Upstream (monitoring location RSW-001)

Describe monitoring location:

| Parameter | Units | Result | Method Detection Level (MDL) |
|---------------------------|----------------|--------|------------------------------|
| pH | Standard Units | | |
| Temperature | °F | | |
| Dissolved Oxygen | mg/L | | |
| Nitrate-Nitrogen | mg/L | | |
| Total Kjeldahl Nitrogen | mg/L | | |
| Phosphorus, Total (as P) | mg/L | | |
| Total Dissolved Solids | mg/L | | |
| Total Suspended Solids | mg/L | | |
| E. coli | MPN/100 mL | | |
| Fecal Coliform | MPN/100 mL | | |
| Enterococcus ¹ | MPN/100 mL | | |

¹ For discharges to the New River

Downstream (monitoring location RSW-002)

Describe monitoring location: _____

| Parameter | Units | Result | Method Detection Level (MDL) |
|--------------------------|----------------|--------|------------------------------|
| pH | Standard Units | | |
| Temperature | °F | | |
| Dissolved Oxygen | mg/L | | |
| Nitrate-Nitrogen | mg/L | | |
| Total Kjeldahl Nitrogen | mg/L | | |
| Phosphorus, Total (as P) | mg/L | | |
| Total Dissolved Solids | mg/L | | |
| Total Suspended Solids | mg/L | | |
| E. coli | MPN/100 mL | | |
| Fecal Coliform | MPN/100 mL | | |
| Enterococcus1 | MPN/100 mL | | |

1. For discharges to the New River

If you have a discharge from the composting operations:

1. Keep a record of the approximate date, time, duration, location, description, and volume of the discharge.
2. Conduct discharge monitoring as described in the MRP (Sections IV.A and IX.F)
3. Submit this form to the Colorado River Basin Water Board within 5 days of the discharge, as required by Section XI.D of the Monitoring and Reporting Program.

Provide analytical results from each discharge of stormwater from composting operations. Attach additional sheets, if needed.

| Parameter | Units | Result | Method Detection Level (MDL) |
|---------------------------------------|----------|--------|------------------------------|
| Total Suspended Solids | mg/L | | |
| pH | pH units | | |
| Specific Conductance | µmhos/cm | | |
| Total Organic Carbon ¹ | mg/L | | |
| Iron ² | mg/L | | |
| Nitrate+Nitrite Nitrogen ² | mg/L | | |
| Lead ² | µg/L | | |
| Zinc ² | µg/L | | |
| Phosphorus, Total ² | mg/L | | |

¹ Oil and grease may be substituted for total organic carbon.

² Additional analytical parameters required under State Water Board Industrial Stormwater Permit (NPDES CAS000001) for activities only under SIC 287X.

Attachment K – NOI Form

**Notice of Intent (NOI) To Comply with the Terms of the Board Order R7-2021-0029
Permit to Discharge Wastes
Associated with Concentrated Animal Feeding Operations (CAFOs)
(NPDES No. CAG017001)**

I. PERMITTEE (*Person/Agency Responsible for Discharge*):

Owner/Operator Name: _____

Location: _____
Street City State ZIP

Contact Person: _____

Phone (_____) _____

E-mail: _____

II. FACILITY (*Physical Address*):

Location: _____
Street City State ZIP

Contact Person: _____

Phone (_____) _____

E-mail: _____

III. FACILITY INFORMATION:

Latitude: _____ Longitude: _____

Topographic Map of Facility _____ Yes _____ No

Total area (acres) _____ Cropland {acres} _____ Corrals (acres) _____

Disposal Pasture (acres) _____ Number of acres contributing drainage _____

IV. ANIMAL POPULATION (*specify number*):

Dairy Cows: _____ Cattle: _____ Swine: _____

Poultry: _____ Veal Calves: _____ Other (*specify type*): _____

V. MANURE, LITTER AND/OR WASTEWATER PRODUCTION AND USE:

How much manure, litter, and wastewater are produced annually? _____
tons/gallons

If land applied, how many acres of land under the control of permittee are available for
applying manure/litter/wastewater? _____ acres.

How many tons of manure or litter or gallons of wastewater will be transferred annually to other
persons? _____ tons/gallons

VI. TYPE OF CONTAINMENT AND CAPACITY:

Holding Ponds (gallons) _____ Evaporation Ponds _____ (gallons)

Lagoons (gallons) _____ Others (specify) _____ (gallons)

VII. TYPE OF STORAGE:

Anaerobic Lagoon: Total number of days ___ Total capacity ___
Storage Lagoon: Total number of days ___ Total capacity ___
Evaporation Pond: Total number of days ___ Total capacity ___
Concrete Pad: Total number of days ___ Total capacity ___
Impervious Soil Pad: Total number of days ___ Total capacity ___
Other (specify): Total number of days ___ Total capacity ___

VIII. NUTRIENT MANAGEMENT (NMP):

Will you comply with an existing, approved NMP for this facility? ___ Yes ___ No

Date of last approved review/revision of the NMP Date: _____

Are you submitting a new or amended NMP for approval for this facility? ___ Yes ___ No

Is the new or amended NMP enclosed? ___ Yes ___ No

If no, please explain _____

IX. ENGINEERING WASTE MANAGEMENT PLAN (EWMP):

Will you comply with an existing, approved EWMP for this facility? ___ Yes ___ No

Date of last approved review/revision of the EWMP Date: _____

Are you submitting a new or amended EWMP for approval for this facility? ___ Yes ___ No

Is the new or amended EWMP enclosed? ___ Yes ___ No

If no, please explain _____

X. CERTIFICATION:

I certify under penalty of law that this document and all attachments were prepared under my direct 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 this 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: _____ Date: _____

Title: _____

Print Name:

Send the completed Notice of Intent to the Colorado River Basin Water Board