

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