Order No: R1-202X-XXXX

Attachment G: Templates

Order No. R1-202X-XXXX

General Waste Discharge Requirements for Irrigated Lands in the Scott River and Shasta River Watersheds

Contents

North Coast Regional Water Quality Control Board

Scott and Shasta Irrigated Lands Order

NOTICE OF INTENT (eNOI)

To obtain regulatory coverage under Order No. R1-2027-XXXX for discharges from Irrigated Lands and Associated Grazing Lands within the Scott River and Shasta River watersheds.

This eNOI serves as the Report of Waste Discharge (ROWD) for purposes of this Order, submitted pursuant to Water Code section 13260.

You must complete the entire form. Instructions begin on page 5.

A. Submittal Type — *check one*

☐ **New enrollment**

☐ **Amendment to an existing enrollment** — required within 30 days of a change in property ownership, Enrollee contact information, email address, or the parcels farmed. Existing Enrollment ID: _____

☐ **Transfer of coverage** — coverage is not transferable except by completion of a new eNOI and written approval of the Executive Officer. Predecessor's Enrollment ID: _____

B. Enrollment Type — check one

☐ I am enrolling **individually**. I acknowledge that I must fulfill all requirements of Attachment A: Monitoring and Reporting Program.

☐ I am enrolling **through an approved Coalition**. I acknowledge that the Coalition may fulfill some Monitoring and Reporting requirements, but that I remain ultimately responsible for compliance with all requirements of the Order. Coalition name: _____

C. Basis for Enrollment — check all that apply

☐ Irrigated Agricultural Operation applying water to **25 or more acres** under common ownership or operational control

☐ Operation includes **Associated Grazing Lands** on irrigated parcels

☐ Previously subject to Order No. R1-2018-0018 (Scott) or R1-2018-0019 (Shasta)

☐ **Fewer than 25 irrigated acres**, enrolling because the Executive Officer has determined in writing that enrollment is required pursuant to Water Code section 13267. Date of notice: _____

☐ **Fewer than 25 irrigated acres**, previously required under a rescinded conditional waiver to develop, submit, or implement a Ranch Management Plan, Tailwater Management Plan, Grazing and Riparian Management Plan, or Erosion Control Plan

1. Landowner Information

1a. First Name	1b. Last Name
1c. Phone Number	1d. Email
1e. Business Mailing Address	

1f. Is the landowner also the operator? ☐ Yes ☐ No *(If Yes, skip Section 2.)*

2. Operator Information — complete if different from the landowner

2a. First Name	2b. Last Name
2c. Phone Number	2d. Email
2e. Business Mailing Address	

Both the landowner and the operator are liable for noncompliance regardless of which party enrolls, so both must be identified even though only one is the Enrollee.

3. Operation Information

Operation Name (DBA), if applicable: _____

Operation type *(e.g., cattle ranch, alfalfa farm, grain farm, mixed crop operation)*:

_____

4. Parcel Information

List every parcel for which coverage is sought. Where Associated Grazing Lands exist, enrollment must encompass **all** irrigated parcels that are part of the operation — partial enrollment of an operation is not permitted. Attach additional sheets as necessary.

Assessor's Parcel Number (APN)	**Watershed (Scott / Shasta)**	**Township, Range, Section**	**Total Parcel Acres**	**Irrigated Acres**	**Non-Irrigated Grazed Acres**	**Field ID *(self-appointed, optional)***

Assessor's Parcel Number (APN)	**Watershed (Scott / Shasta)**	**Township, Range, Section**	**Total Parcel Acres**	**Irrigated Acres**	**Non-Irrigated Grazed Acres**	**Field ID *(self-appointed, optional)***
Totals	---	---				---

5. Acreage Threshold Determination

Total **irrigated** acres across all parcels under common ownership or operational control: _____ acres

The 25-acre threshold is measured across all parcels in the operation.

6. Tailwater Discharge Information

Does the operation discharge Tailwater to surface waters or hydrologically connected channels? ☐ Yes ☐ No ☐ Unknown

If Yes, estimate for the largest single discharge point:

Peak discharge rate (gpm)	**Typical continuous duration (hours)**	**Number of discharge points**	**Receiving watercourse name(s)**	**Receiving watercourse class *(perennial / intermittent / ephemeral)***

7. Site Access Contact

Name	Phone	Email	Access instructions (gates, locks, notice preferences)

8. Map of Operation

Attach a map showing all enrolled parcels with parcel boundaries. The map may be an aerial photograph, topographic map, LiDAR-derived shaded relief map, Google Earth image, or equivalent depicting features at **1 inch = 50 feet or larger scale**, and shall include a north arrow, scale bar, and legend.

9. Owner Notification and Certification

Complete this section if the party enrolling is not the landowner.

I certify that the owner of the parcel(s) being enrolled has been notified in writing that the parcel(s) have been enrolled under Order No. R1-2027-XXXX, and that I have been designated as the Enrollee.

Printed Name: _____

Signature: _____ Title: _____ Date: _____

10. Certification

> *"I certify under penalty of perjury under the laws of the State of California that this document and all attachments were prepared under my direction and supervision, and that the information submitted is, to the best of my knowledge and belief, true, complete, and accurate. I am aware that there are significant penalties for submitting false information. I further certify that the provisions of Order No. R1-2027-XXXX, including the implementation of Attachment A: Monitoring and Reporting Program, will be complied with."*

Enrollee Printed Name: _____

Signature: _____ Title: _____ Date: _____

Submittal

1. Deadline. Submit no later than **#DATE** (18 months after Order adoption). New, expanding, or previously inactive operations must submit prior to commencing operations.

2. Fees. The State Water Board sets the fee schedule at California Code of Regulations, title 23, section 2200.6. Fees differ depending on Coalition membership. Current fee information:
https://www.waterboards.ca.gov/water_issues/programs/agriculture/

3. Where to submit. Submit electronically to:

North Coast Regional Water Quality Control Board
ATTN: Scott and Shasta Irrigated Lands Order
5550 Skylane Boulevard, Suite A, Santa Rosa, CA 954__
Email: NorthCoast@Waterboards.ca.gov
Enrollees enrolling through a Coalition should submit to the Coalition.

4. Submittal title. Submit under the title **"General Waste Discharge Requirements for Irrigated Lands in the Scott River and Shasta River Watersheds."**

5. Records. Retain a signed copy at your primary place of business for a minimum of **ten years**.

North Coast Regional Water Quality Control Board

SCOTT AND SHASTA IRRIGATED LANDS ORDER

NOTICE OF TERMINATION

Request to terminate coverage under Order No. R1-2027-XXXX.

Submission of this form constitutes official notification to the North Coast Regional Water Quality Control Board (North Coast Water Board) that the Enrollee identified below, and all associated Assessor's Parcel Numbers, has elected to terminate coverage under the Order.

To terminate enrollment, this form must be completed, signed by the Enrollee identified on the operation's eNOI, and received by the North Coast Water Board. **By submitting this form, ALL parcels associated with the Enrollee will be terminated.** To terminate coverage for some parcels but not others, submit an amended eNOI instead.

> ***Do not use this form to leave a Coalition.*** *An Enrollee who leaves a Coalition but continues farming remains subject to the Order and must submit an amended eNOI electing individual enrollment.*

1. Enrollee Information

Complete this section if currently enrolled through a Coalition:

Enrollee (Owner/Operator) name	
Coalition name	
Member ID (if assigned)	
Phone	Email
Business mailing address	

Complete this section if currently enrolled individually:

Enrollee (Owner/Operator) name	
Enrollment ID	
Phone	Email
Business mailing address	

2. Parcels Covered by This Termination

Assessor's Parcel Number (APN)	Watershed (Scott / Shasta)	Irrigated Acres	Non-Irrigated Grazed Acres

3. Reason for Termination — check all that apply

A. ☐ Cessation of irrigated agricultural operations

Effective date: ___ / ___ / _____

The operation has ceased applying irrigation water for the purpose of producing crops, forage, pasture, or other agricultural commodities.

B. ☐ Conversion to Standalone Dryland Grazing

Effective date: ___ / ___ / _____

Irrigation has ceased on all enrolled parcels and remaining use is livestock grazing on non-irrigated land only. Standalone Dryland Grazing Operations are not required to enroll but remain subject to the Executive Officer's authority under the Order.

C. ☐ Operation now regulated under the General Waste Discharge Requirements for Dairies

Effective date: ___ / ___ / _____ Dairy GWDR enrollment identifier: _____

Where any portion of the property is regulated under the Dairy GWDR, the entire operation — including all associated irrigated and grazing lands — is regulated exclusively under that order.

D. ☐ Operation now regulated under individual site-specific Waste Discharge Requirements

Effective date: ___ / ___ / _____ Order number: _____

E. ☐ Executive Officer has determined the operation qualifies for the Stewardship Category

Date of determination: ___ / ___ / _____

F. ☐ Total irrigated acreage has fallen below 25 acres

Effective date: ___ / ___ / _____ Current total irrigated acres: _____

Both of the following must be answered. If either is Yes, enrollment continues and coverage may not be terminated on this ground.

Has the Executive Officer notified you in writing that enrollment is required pursuant to Water Code section 13267? ☐ Yes ☐ No

Was this operation previously required, under a conditional waiver rescinded by this Order, to develop, submit, or implement a Ranch Management Plan, Tailwater Management Plan, Grazing and Riparian Management Plan, or Erosion Control Plan? ☐ Yes ☐ No

G. ☐ Transfer of ownership

Effective date: ___ / ___ / _____

New owner name and contact: _____

Have you notified the new owner of the requirement to submit an eNOI? ☐ Yes ☐ No

Coverage under this Order is not transferable except after completion of a new eNOI by the successor and written approval of the Executive Officer. Coverage continues until that approval is issued.

H. ☐ Change in operator

Effective date: ___ / ___ / _____

New operator name and contact: _____

Have you notified the new operator of the requirement to submit an eNOI? ☐ Yes ☐ No

I. ☐ Other — describe: _____

4. Certification

"I certify under penalty of perjury under the laws of the State of California that this document and all attachments were prepared under my direction and supervision, and that the information submitted is, to the best of my knowledge and belief, true, complete, and accurate. I am aware that there are significant penalties for submitting false information."

Enrollee Printed Name: _____

Signature: _____ Title: _____ Date: _____

Submittal

Submit this completed form electronically to:

North Coast Regional Water Quality Control Board
ATTN: Scott and Shasta Irrigated Lands Order
5550 Skylane Boulevard, Suite A, Santa Rosa, CA 954__
Email: NorthCoast@Waterboards.ca.gov

Enrollees enrolled through a Coalition should also provide a copy to the Coalition, which must report departed members and the reason for non-participation in its Annual Compliance Report.

Submit under the title **"General Waste Discharge Requirements for Irrigated Lands in the Scott River and Shasta River Watersheds."**

Retain a signed copy at your primary place of business.

Coverage remains in effect until the North Coast Water Board confirms termination in writing.

North Coast Regional Water Quality Control Board

SCOTT AND SHASTA IRRIGATED LANDS ORDER

FARM EVALUATION

Order No. R1-2027-XXXX

Annual inventory of management practices, compliance status, irrigation and nutrient management, and Adaptive Management, required under Attachment A: Monitoring and Reporting Program, Section V.A.

You must complete the entire form. Submit by **March 1** annually. Retain a signed copy at your primary place of business for ten years.

Reporting year (calendar year covered): _____

Enrollment type — *check one:*

☐ Enrolled **individually**. Enrollment ID: _____

☐ Enrolled through an approved **Coalition**.

Coalition name: _____ Member ID: _____

PART 1 — WHOLE-OPERATION SECTIONS

1. Owner / Operator Identification

Landowner

1a. Name	1b. Phone
1c. Email	1d. Business address
1e. Mailing address (if different)	

Operator — *complete if different from the landowner*

2a. Name	2b. Phone
2c. Email	2d. Business address
2e. Mailing address (if different)	

Operation Name (DBA), if applicable: _____

Operation type *(e.g., cattle ranch, alfalfa farm, grain farm, mixed crop operation)*: _____

2. Operation Identification

List every enrolled parcel. Attach additional sheets as necessary.

Physical address	APN	Township and Range	Field ID	Watershed (Scott / Shasta)	Total parcel acres	Irrigated Acres	Dryland grazing acres
Totals							

Have any parcels been added or removed since the last Farm Evaluation? ☐ Yes ☐ No

If Yes, an amended eNOI was required within 30 days of the change. Date amended eNOI submitted: _____

3. Management Unit Definition

Where this form requires reporting by Field, you may aggregate multiple Fields into a **Management Unit** only where all aggregated Fields share **(1)** the same fertilizer inputs, **(2)** the same irrigation management, and **(3)** the same management practices. Management Unit IDs must be defined, labelled, and kept consistent across all reporting years.

☐ No Fields are aggregated. Part 2 is completed per Field. *(Skip to Section 4.)*

Management Unit ID	**Field IDs aggregated**	**APN(s)**	**Total acres**	**Same fertilizer inputs?**	**Same irrigation management?**	**Same management practices?**

4. Well Identification

List all wells on each enrolled APN. Assign each a unique Well ID and use it consistently on the Drinking Water Well Information Form.

APN	**Well ID**	**Well type** ***(irrigation / Drinking Water Supply / abandoned or inactive)***	**Status** ***(active / out of service / replacement water supplied)***	**Monitored under the MRP?**	**Latitude**	**Longitude**

Total irrigation wells (active and inactive): _____ Total Drinking Water Supply Wells: _____

Where sampling has ceased because a well is out of service or replacement water is supplied, retain records establishing that the well is not used for drinking water.

5. Farm Map

Attach an updated Farm Map with this Farm Evaluation.

Map specification — check each:

- ☐ Aerial photograph, topographic map, LiDAR-derived shaded relief map, Google Earth image, or equivalent
- ☐ Scale of **1 inch = 50 feet or larger**
- ☐ **10-foot contour interval** *(Coalitions may submit Coalition-wide maps at no greater than 100-foot contour interval, with Section-level detail maps at no greater than 10-foot where the features below are present)*
- ☐ North arrow ☐ Scale bar ☐ Legend for all symbology

Labelled features — check each:

- ☐ i. All waterbodies within the enrolled area, including all designated wetlands
- ☐ ii. Riparian Grazing Plan photo-points (if applicable)
- ☐ iii. All Tailwater discharge points to surface waters or designated wetlands
- ☐ iv. All stream crossings used by livestock or vehicles
- ☐ v. Delineation of parcels used for grazing and for crop cultivation
- ☐ vi. Delineation of parcels where nutrients are applied, including manure
- ☐ vii. Parcels containing Drinking Water Supply Wells
- ☐ viii. Chemical storage areas, including petroleum product tanks, fertilizer, and herbicide stockpiles
- ☐ ix. Farm buildings, including livestock loading areas, temporary confinement areas, and hay barns
- ☐ x. The on-farm road network within the enrolled area
- ☐ xi. Implemented Management Practices designed to protect water quality
- ☐ xii. **Proposed future** Management Practices designed to protect water quality
- ☐ xiii. Field ID(s) and land use for each Field *(e.g., crop type, fallow, grazing)*

6. Compliance Education Event Attendance

Enrollees shall participate in outreach and education annually addressing actions necessary to attain water quality standards and practices to prevent or minimize discharge of sediment, pesticides, and nutrients.

Date of event	**Type *(in-person / online video / printed materials / other)***	**Sponsoring organization or provider**	**Brief description of topics covered**

7. Operation-Level Compliance Milestones

Dated obligations that apply across the operation rather than per Field.

Obligation	**Deadline**	**Status**	**Target completion date**
Riparian Vegetation Area tillage prohibition — operations not in compliance at adoption	Within 5 years of Order adoption	☐ In compliance ☐ In progress ☐ Not started	
Existing culverted stream crossings meet specifications	Within 10 years of adoption	☐ In compliance ☐ In progress ☐ Not started	
Existing Hydrologically Connected Appurtenant Agricultural Road segments meet specifications	Within 10 years of adoption	☐ In compliance ☐ In progress ☐ Not started	
Tailwater final compliance	Within 8 years of enrollment deadline	☐ In compliance ☐ In progress ☐ N/A — no Tailwater	

PART 2 — COMPLETED PER FIELD OR MANAGEMENT UNIT

Attach one copy of Part 2 for each Field or Management Unit.

Field ID or Management Unit ID: _____ APN(s) included: _____

Land use this reporting year *(crop type, fallow, grazing)*: _____ Acres: _____

8. Management Practice Inventory

Report the implementation status of each requirement. Use the Notes column for field-specific detail.

How to complete this section. *Sections 8A through 8E are* ***requirements of the Order****, not optional practices. Mark* ***Implemented*** *where the requirement is met,* ***N/A*** *where site conditions make it inapplicable, or* ***Not yet in compliance*** *with a target date where a compliance schedule applies. Section 8F is a menu of practices from which Pathway 2 Enrollees select.*

8A. Riparian Zone

Requirement	Implemented	N/A	Not yet in compliance — target date	Notes
Natural establishment and abundance of native riparian vegetation allowed within the Riparian Vegetation Area	☐	☐		
Essential riparian functions supported (sediment filtering, woody debris recruitment, bank stabilization, nutrient cycling, pollutant filtering, shading)	☐	☐		
No tillage within the Riparian Vegetation Area	☐	☐		
No removal of existing riparian vegetation except as permitted by Section II.E	☐	☐		
Vegetated Buffers installed and maintained	☐	☐		
No new permanent structures within the Vegetated Buffer	☐	☐		
No storage of chemicals, oil, or petroleum products within the Vegetated Buffer	☐	☐		

Requirement	Implemented	N/A	Not yet in compliance — target date	Notes
No placement of construction materials, trash, refuse, plant waste, or solid waste within the Vegetated Buffer	☐	☐		
Seasonal Roads in the Vegetated Buffer maintained at minimum 90% ground cover, December 15 – April 1	☐	☐		
All-Season Roads in the Vegetated Buffer improved and maintained to minimize sediment discharge	☐	☐		

If any riparian vegetation was removed under an exception, identify the exception and, for exception (5), the date of Executive Officer approval: _____

8B. Riparian Grazing

Are livestock present in the Riparian Vegetation Area on this Field or Management Unit? ☐ Yes ☐ No *(if No, skip to 8C)*

Compliance option — *check one:*

☐ **Standard conditions** — all eight requirements below are met

☐ **Grazing and Riparian Management Plan** implemented in lieu of the Streamside Area requirements for livestock grazing. Date submitted to the Executive Officer: _____ Qualified Professional: _____ Credential *(RPF / CRM / Qualified Biologist)*: _____ Most recent triennial site evaluation: _____

Standard condition	Met	N/A	Notes
a. Riparian vegetation shows no signs of excessive livestock browsing affecting young shoot growth	☐	☐	
b. Woody riparian vegetation shows no signs of stress from trampling or loafing	☐	☐	

Standard condition	Met	N/A	Notes
c. No grazing when non-woody vegetation stubble height is below 6 inches	☐	☐	
d. Manure deposition in the wetted area no more than 1 percent of total area	☐	☐	
e. Livestock crossings maintained to minimize loafing and erosion	☐	☐	
f. No livestock trampling of banks resulting in sediment discharge or bank failure	☐	☐	
g. No grazing when salmonid redds are present in the stream channel	☐	☐	
h. Grazing occurs between June and August	☐	☐	

8C. Stream Crossings

Are there stream crossings on this Field or Management Unit? ☐ Yes ☐ No *(if No, skip to 8D)*

Existing culverted crossings *(10-year compliance schedule)*

Requirement	Implemented	N/A	Target date	Notes
Critical dips installed at approaches to culverted crossings with diversion potential	☐	☐		

Requirement	Implemented	N/A	Target date	Notes
Trash barriers or deflection structures installed at culvert inlets with high plug potential	☐	☐		

New or replaced crossings *(complete only if any were constructed or replaced this reporting year)*

Date of North Coast Water Board approval: _____

Specification	Met	N/A	Notes
a. Drainage structure designed for 100-year flood flow including woody debris and sediment	☐	☐	
b. No potential to divert the stream out of its channel	☐	☐	
c. Culvert inlets have low plug potential	☐	☐	
d. Culverts installed at the base of fill, in line and at grade with the natural channel	☐	☐	
e. Bridges have stable, non-eroding abutments and do not significantly restrict 100-year flood flow	☐	☐	
f. Stream crossing fills are stable	☐	☐	

Specification	Met	N/A	Notes
g. Approaching road surfaces and ditches hydrologically disconnected to the maximum extent feasible	☐	☐	
h. Class I (fish-bearing) crossings meet CDFW and NMFS fish passage criteria	☐	☐	

8D. Appurtenant Agricultural Roads

Are there Hydrologically Connected Appurtenant Agricultural Roads on this Field or Management Unit? ☐ Yes ☐ No *(if No, skip to 8E)*

Requirement	Implemented	N/A	Target date	Notes
a. Ditches drained frequently by functional ditch relief culverts and/or rolling dips	☐	☐		
b. Outflow from ditch relief culverts does not directly discharge to streams	☐	☐		
c. Ditch and road surface drainage does not discharge onto active or potential landslides or into gullies	☐	☐		

Requirement	Implemented	N/A	Target date	Notes
d. Fine sediment contributions minimized by road surface shaping, rolling dips, ditch relief culverts, water bars, or other measures	☐	☐		

Road segments have been prioritized for treatment based on visual observation of sediment delivered to surface waters: ☐ Yes ☐ No

Highest-priority segment(s) this reporting year: _____

8E. Agricultural Infrastructure

Requirement	Implemented	N/A	Notes
All chemicals stored with sufficient secondary containment	☐	☐	
No chemicals stored within the Riparian Zone	☐	☐	
Stored chemicals sheltered from rain so secondary containment is not inundated or overwhelmed	☐	☐	
Heavy equipment, functional and non-functional, stored away from riparian zones, wetlands, and surface waters	☐	☐	

Requirement	Implemented	N/A	Notes
Ground surfaces maintained to minimize mobilization of sediment to surface water via surface runoff	☐	☐	

8F. Tailwater Practices — Pathway 2 only

Complete only if Pathway 2 was elected (see Section 12). Select practices implemented from the approved menu in Attachment E, or alternatives approved by the Executive Officer.

Practice	Implemented	Planned — target date	Notes
Irrigation efficiency improvements	☐		
Tailwater recovery and reuse	☐		
Thermal attenuation systems	☐		
Conveyance shading	☐		
Irrigation timing adjustments	☐		
Discharge timing management	☐		
Cold water blending	☐		
Alternative practice approved by the Executive Officer — describe:	☐		

9. Streamside Area Width Compliance

Report for each watercourse on or abutting this Field or Management Unit.

Required Streamside Area widths: perennial streams and the Scott and Shasta River mainstems — **100 feet**; intermittent streams — **60 feet**; ephemeral streams — **35 feet**.

The Riparian Vegetation Area is the first **35 feet** from the waterside edge of vegetation; the balance is Vegetated Buffer.

Watercourse name	**Class *(perennial / intermittent / ephemeral)***	**Linear frontage (ft)**	**Required Riparian Zone width**	**Current Riparian Vegetation Area width (avg.)**	**Current Vegetated Buffer width (avg.)**	**Minimum met?**	**If not met, state estimated date of compliance**
						☐ Yes ☐ No	

10. Irrigation and Nutrient Management

a. Irrigation method

Primary: ☐ Flood ☐ Wheel line ☐ MESA ☐ LESA ☐ LEPA ☐ PMDI ☐ Other: _____

Secondary (if any): ☐ Flood ☐ Wheel line ☐ MESA ☐ LESA ☐ LEPA ☐ PMDI ☐ Other: _____

b. Irrigation management practices implemented to minimize or prevent surface run-off or groundwater leaching:

_____

c. Range of calendar dates of irrigation application: from _____ to _____

d. Nitrogen applied — *complete for each Field or Management Unit receiving an external source of nitrogen*

Source	**Nitrogen applied (lbs/acre)**
1. Nitrogen applied via fertilizers	
2. Nitrogen applied via organics and compost	
3. Nitrogen applied via water	
4. Total nitrogen applied *(sum of 1–3)*	

☐ This Field or Management Unit received no external source of nitrogen.

This Order does not require certification of an Irrigation and Nutrient Management Plan, and does not require reporting of nitrogen removed or a crop removal coefficient.

f. Irrigation efficiency determination — *check one:*

☐ **Deficit irrigated** — applied irrigation is less than 95% of the determined agronomic rate

☐ **Fully irrigated** — applied irrigation is within ±5% of the determined agronomic rate

☐ **Over irrigated** — applied irrigation is greater than 105% of the determined agronomic rate

Applied irrigation (inches or acre-feet): _____ Agronomic rate used (same unit): _____ Applied as a percentage of agronomic rate: _____%

Basis for the agronomic rate determination: _____

12. Tailwater Management

a. Discharge status

☐ **No Tailwater discharged** from this Field or Management Unit.

If discharge is later found to be occurring, a pathway must be elected within 60 days of notification by the Executive Officer and this Farm Evaluation updated. Date of any such notification: _____

☐ Tailwater is discharged. Complete b through e.

b. Discharge points

Discharge point ID	**Receiving watercourse**	**Class *(perennial / intermittent / ephemeral)***	**Hydrologically connected?**	**Point of Compliance location (Coordinates)**
			☐ Yes ☐ No	

c. Compliance pathway elected— *check one:*

☐ **Pathway 1 — Discharge Elimination.** Date elected: _____

Sub-option, elected within 180 days of enrollment — *check one:*

☐ **Stage 1 — Self-certification of Tailwater elimination** by #DATE

☐ **Stage 2 — Certified Tailwater Elimination Plan**, submitted by #DATE, implemented by #DATE. Date submitted: _____ Qualified Professional: _____

Pathway 1 — Annual progress and self-certification

Complete only if Option 1 was elected.

Progress toward elimination this reporting year:

_____

☐ **Pathway 2 — Treatment and Control.** Date elected: _____

Monitoring option — *check one:* ☐ Edge-of-Field (individual) ☐ Group Monitoring Network

- ☐ **Stage 1 — Self-certification of Tailwater Discharge Treatment and Control** by #DATE
- ☐ **Stage 2 — Certified Tailwater Treatment and Control Plan**, submitted by #DATE, implemented by #DATE. Date submitted: _____ Qualified Professional: _____

Pathway 2: Annual progress and self-certification

Progress (e.g., management practices implemented) toward meeting Water Quality Benchmarks this reporting year: _____

- ☐ **Self-certification of elimination.** I certify that all Tailwater discharges from the enrolled parcels covered by this Field or Management Unit have been eliminated as of _____.

If Tailwater discharges have not been eliminated by #DATE, a Certified Tailwater Elimination Plan must be developed and implemented.

PART 3 — WHOLE-OPERATION, COMPLETED AFTER PART 2

13. Adaptive Management Reporting

☐ No Field or Management Unit is currently in the Adaptive Management Program, and no drinking water exceedance occurred. *(Skip to Section 14.)*

a. Tailwater Water Quality Benchmark exceedances

Exceedances are tracked **by seasonal period**. A Mid-Season exceedance triggering Tier 1 followed by a Late Season exceedance advances the Field to Tier 2 for both periods.

Field / Management Unit	**Constituent**	**Seasonal period *(Early / Mid / Late)***	**Stage**	**Year Adaptive Management activated**	**Practices implemented or planned**	**Certified Tailwater Discharge Treatment and Control Plan required?**
						☐ Yes ☐ No

A Field that exits the Adaptive Management schedule shall maintain Tier 1 practices in all subsequent seasons.

b. Riparian condition non-attainment

A single occurrence of non-attainment of standard riparian conditions documented by photo-point monitoring triggers Adaptive Management.

Field / Management Unit	**Date observed**	**Condition observed *(declining riparian condition / persistent grazing impacts / practice failure)***	**Additional or modified practices implemented**	**Date implemented**

Field / Management Unit	**Date observed**	**Condition observed *(declining riparian condition / persistent grazing impacts / practice failure)***	**Additional or modified practices implemented**	**Date implemented**

c. Drinking Water Supply Well exceedances

☐ No Drinking Water Supply Well exceeded 10 mg/L nitrate + nitrite as N during the reporting period.

Well ID	**APN**	**Date of result**	**Result (mg/L)**	**Users notified within required time?**	**Date notice provided**	**Copy sent to North Coast Water Board?**
				☐ Yes ☐ No		☐ Yes ☐ No

14. CEQA Mitigation Monitoring

Report implementation of all applicable CEQA mitigation measures from Attachment F for the reporting year.

Mitigation measure number *(Attachment F)*	**Potential impact addressed**	**APN(s) / Field ID(s) where employed**	**Steps taken to implement**	**Steps taken to monitor ongoing success**

15. Certification

Certification of Maintenance

I certify that all management practices identified in this Farm Evaluation are designed, installed, maintained, and promptly repaired in accordance with Order No. R1-2027-XXXX.

Certification of Farm Evaluation

> *"I certify under penalty of perjury under the laws of the State of California that this document and all attachments were prepared under my direction and supervision, and that the information submitted is, to the best of my knowledge and belief, true, complete, and accurate. I am aware that there are significant penalties for submitting false information. I further certify that the provisions of Order No. R1-2027-XXXX, including the implementation of Attachment A: Monitoring and Reporting Program, will be complied with."*

Enrollee Printed Name: _____

Signature: _____ Title: _____ Date: _____

Submittal

1. Deadline. Submit by **March 1** of each year. First Farm Evaluation due: **#DATE**

2. Where to submit.

☐ **Individual Enrollees** — submit to the North Coast Water Board.

☐ **Coalition Members** — submit Farm Evaluation data to your Coalition, which reports to the North Coast Water Board in its Annual Compliance Report.

North Coast Regional Water Quality Control Board
ATTN: Scott and Shasta Irrigated Lands Order
5550 Skylane Boulevard, Suite A, Santa Rosa, CA 954__
Email: NorthCoast@Waterboards.ca.gov

3. Format. Searchable PDF. Maps submitted both within the PDF and as ArcGIS shapefiles or Google Earth KMZ files.

4. Submittal title. "General Waste Discharge Requirements for Irrigated Lands in the Scott River and Shasta River Watersheds."

5. Records. Retain a signed copy at your primary place of business for **ten years**. Provide a copy to North Coast Water Board staff on request.

North Coast Regional Water Quality Control Board

SCOTT AND SHASTA IRRIGATED LANDS ORDER

DRINKING WATER SUPPLY WELL FORMS

Contents:

IV. DRINKING WATER WELL INFORMATION FORM

Complete this form for **every private Drinking Water Supply Well located on an enrolled parcel** and submit it with your samples to the Environmental Laboratory Accreditation Program (ELAP)-certified laboratory performing the analysis.

> ***Why this form travels with your samples.*** *The testing laboratory — not the Enrollee — is responsible for submitting results to the State Water Board's GeoTracker database in Electronic Deliverable Format (EDF). The laboratory cannot do so without the Assessor's Parcel Number and the well coordinates. This form supplies them.*

1. Enrollee Information

Personal information is not published. Only the APN and well sample data are viewable through GeoTracker.

1a. Enrollee Name	
1b. Enrollee Email	
1c. Enrollee Phone	
1d. Enrollment ID or Coalition Member ID	
1e. Business Mailing Address	
1f. Property Address (if different)	

1g. Is the Enrollee also the landowner? ☐ Yes *(skip Section 2)* ☐ No

> *If No, note that the notification pathway changes on an exceedance — see Section 5 and Form V.*

2. Landowner Information — complete if the Enrollee is not the landowner

2a. Landowner Name	2b. Landowner Phone
2c. Landowner Email	2d. Landowner Mailing Address

3. Drinking Water Supply Well Information*

List **all** private Drinking Water Supply Wells on enrolled parcels. Assign each a unique Well ID consistent with the Well ID used in your Farm Evaluation.

Prev. sampled (X)	**Well ID (≤10 characters)**	**APN**	**County**	**Latitude\ (decimal degrees)**	**Longitude\ (decimal degrees)**	**Number of people served**

"Number of people served" is required on the copy of any exceedance notice sent to the North Coast Water Board. Recording it at sampling avoids reconstructing it under a 10-day clock.

4. Sampling Event Details

Well ID	**Date sampled**	**Sample point used *(see below)***	**Laboratory name**	**ELAP certificate no.**	**Analytical method**	**Result (mg/L nitrate + nitrite as N)**

Sample point used — check the first that applies:

☐ At or near the well head, before the pressure tank and prior to any well head treatment *(required where possible)*

☐ As close to the pressure tank as possible

☐ Cold-water spigot located before any filters or water treatment systems

5. Certification

"I certify under penalty of perjury under the laws of the State of California that this document and all attachments were prepared under my direction and supervision, and that the information submitted is, to the best of my knowledge and belief, true,

complete, and accurate. I am aware that there are significant penalties for submitting false information."

Printed Name: _____

Signature: _____ Title: _____ Date: _____

Retain a copy at your primary place of business for **ten years**.

IV.a INSTRUCTIONS — DRINKING WATER SUPPLY WELL SAMPLING

Fields marked * are the minimum data required for GeoTracker entry. GeoTracker information and electronic submittal instructions: https://www.waterboards.ca.gov/ust/electronic_submittal/

Who must sample

All Enrollees must sample **every private Drinking Water Supply Well located on their enrolled parcels**. There is no exemption for a well serving only the Enrollee's own household.

A Drinking Water Supply Well is any groundwater well connected to a residence, workshop, or place of business.

A monitored Drinking Water Supply Well may also satisfy Representative Groundwater Monitoring requirements, provided the well location and screen interval are representative of current groundwater quality conditions and suitable for evaluating regional impacts from irrigated agriculture.

Section 1 — Enrollee Information

1a–1c. Name, valid email, and working phone for the person enrolled in the Order.

1d. Your Enrollment ID, or your Coalition name and Member ID if enrolled through a Coalition.

1e–1f. Mailing address of the enrolled member, and the enrolled parcel address if different.

1g. If the Enrollee is not the landowner, complete Section 2. This matters on an exceedance: the Enrollee may instead notify the **owner within 24 hours**, and the owner then notifies well users within **nine days**.

Section 2 — Landowner Information

Provide the name, phone, email, and mailing address of the landowner of the enrolled parcel(s).

Section 3 — Well Information

Well ID. Give each well a specific name that clearly identifies it for future sampling events. Do not exceed 10 characters. If water is collected after a treatment system, begin the Well ID with TRT- (for example, TRT-SEwell). Use the same Well ID on your Farm Evaluation.

Previously sampled column. Mark an X to the left of the Well ID if the well has been sampled within the last five years. This helps the laboratory identify wells with existing data, including data being substituted for an initial sampling year.

Latitude and longitude. Must be provided in decimal degrees.

- *On a computer:* open Google Maps, search the address, right-click the pin, and select "What's here?" A box appears at the bottom of the screen showing the coordinates — for example, latitude 41.593, longitude −122.897.

On a phone: press and hold on the map at the well location to drop a pin, then scroll down in the box that appears to find the coordinates.

APN. The Assessor's Parcel Number is the unique number assigned to each tract of land by the County Tax Assessor. Provide the APN of the enrolled parcel containing the well.

County. For operations in the Scott River and Shasta River watersheds this will ordinarily be Siskiyou County.

Number of people served. The count of people who drink or cook with water from this well. Required on the copy of any exceedance notice sent to the North Coast Water Board.

Section 4 — Sampling Event Details

Analysis must be performed by an **ELAP-certified laboratory** using **USEPA-approved methods**. Sample preservation and analysis follow the latest edition of *Test Methods for Evaluating Solid Waste, SW-846*, USEPA. Certified laboratories are listed on the State Water Board's ELAP website.

Report results as **milligrams per liter (mg/L) of nitrate + nitrite as N**. This is the unit the MCL is expressed in. Do not report as nitrate as nitrate (45 mg/L basis) without converting.

Sample point. Collect at or near the well head, before the pressure tank and prior to any well head treatment. Only if that is not possible, collect as close to the pressure tank as possible, or from a cold-water spigot located before any filters or treatment systems.

Section 5 — Sampling Schedule

Two different nitrate concentrations govern two different things. **5 mg/L determines how often you sample. 10 mg/L determines whether you must notify.**

Situation	**What you do**
Newly enrolled	Sample annually for three consecutive years
Have pre-enrollment data from the prior five years, ELAP lab, USEPA method	May substitute for one or more of the three initial years
Any of the first three results **≥ 5 mg/L**	Continue annual sampling
Three consecutive annual results **< 5 mg/L**	May reduce to once every five years
A result **≥ 5 mg/L** while on the five-year schedule	Resume annual sampling until three consecutive results are below 5 mg/L
Any result **> 10 mg/L**	Notification required — see Form V

Situation	What you do
Well out of service, or replacement water supplied	Sampling may cease; retain records establishing the well is not used for drinking water

The Executive Officer may require an alternative sampling schedule at any time based on trend data for the well.

Data submittal

The **testing laboratory** submits all Drinking Water Supply Well monitoring data — including any existing data being substituted — electronically to GeoTracker in Electronic Deliverable Format (EDF), with the APN and the well coordinates.

Drinking Water Supply Well results are **not** included in the Annual Monitoring Report. A summary of any exceedances, and confirmation that required notifications were provided, is reported in the Farm Evaluation under Adaptive Management Reporting.

V. NITRATE EXCEEDANCE NOTIFICATION TEMPLATE

Use this template when a Drinking Water Supply Well result exceeds 10 mg/L of nitrate + nitrite as N.

Who notifies whom, and by when

If	Then
The Enrollee **is** the landowner	The Enrollee provides written notice to the drinking water well users **within 10 days** of learning of the exceedance, and sends a copy to the North Coast Water Board
The Enrollee is **not** the landowner	The Enrollee may instead notify the **owner within 24 hours** of learning of the exceedance. The owner then notifies the well users **within nine days** and sends a copy to the North Coast Water Board

The notice must be provided **in a language accessible to the well users**. The template must be signed by the Enrollee or non-Enrollee owner certifying that notice has been provided. A copy of the signed template must be sent to the North Coast Water Board and retained.

> *⚠ NITRATE EXCEEDANCE — DO NOT DRINK YOUR WATER ### Use only bottled water until further notice.* ***Failure to follow this advisory could result in serious illness. Test result: _____ mg/L nitrate + nitrite as nitrogen*** *Date sampled:* ***_____*** *Nitrate in this well was found to exceed the drinking water standard of* ***10 mg/L*** *established to protect human health. -* ***Pregnant women*** *are at increased risk and should not drink water with high levels of nitrate. Drinking water high in nitrate may also cause serious complications in pregnancy. -* ***Do not give this water to infants.*** *Infant formula and other edible products must be prepared with bottled water or other water low in nitrate. Infants are at increased risk of becoming seriously ill, and high nitrate levels can be fatal to infants. -* ***Do not boil the water.*** *Boiling does not remove nitrate and will increase its concentration.*

Notification record

Well ID	APN
County	Watershed (Scott / Shasta)
Number of people the well supplies	
Name of Landowner / Operator providing notice	
Enrollment ID, or Coalition and Member ID	
Date the exceedance was learned of	Date notice provided to users

☐ No one drinks or cooks with water from this well.

☐ Notice has been provided to all users of this well.

☐ Notice has been provided to the landowner *(complete only if the Enrollee is not the landowner; owner must then notify users within nine days)*.

☐ Replacement water has been provided to the users.

☐ The notice was provided in a language accessible to the users. Language used: _____

Certification

"I certify under penalty of perjury under the laws of the State of California that this document and all attachments were prepared under my direction and supervision, and that the information submitted is, to the best of my knowledge and belief, true, complete, and accurate. I am aware that there are significant penalties for submitting false information. I further certify that notice of this exceedance has been provided to the users of the drinking water well identified above."

Printed Name: _____

Signature: _____ Title: _____ Date: _____

Submit a signed copy of this notification to:

North Coast Regional Water Quality Control Board

ATTN: Scott and Shasta Irrigated Lands Order — Drinking Water Well Notification

5550 Skylane Boulevard, Suite A, Santa Rosa, CA 954__

Email: NorthCoast@Waterboards.ca.gov

Submit under the title **"General Waste Discharge Requirements for Irrigated Lands in the Scott River and Shasta River Watersheds."**

Retain a copy at your primary place of business for **ten years**.

VI. NITRATE FACT SHEET

Provided as an aid to well users receiving a nitrate exceedance notification.

What is nitrate?

Nitrate occurs naturally in surface water and groundwater at levels that do not cause health problems. Levels above the drinking water standard are dangerous, particularly for infants and pregnant women.

In the Scott River and Shasta River watersheds, sources of nitrate in groundwater include leaching of excess fertilizer, confined animal feeding operations, septic systems, and wastewater discharged to land. Nitrate reaches groundwater through unprotected well heads, improperly abandoned wells, and wells lacking backflow prevention.

What is the drinking water standard?

10 mg/L of nitrate plus nitrite as nitrogen — equivalently, 45 mg/L of nitrate as nitrate. This is the Maximum Contaminant Level established at California Code of Regulations, title 22, section 64431. It was set to protect the most at-risk groups: infants under six months old, and pregnant women.

What are the health concerns?

High nitrate levels interfere with the ability of red blood cells to carry oxygen to the body's tissues, producing a condition called **methemoglobinemia**. This is of greatest concern in infants, where it is often called "blue baby syndrome." Symptoms include shortness of breath and a blue tint to the skin, and can develop rapidly, with health deteriorating over a period of days. **If symptoms occur, seek medical attention immediately.**

High nitrate levels may also reduce the oxygen-carrying capacity of blood in pregnant women and increase the risk of complications in pregnancy.

How can I reduce my exposure?

Use bottled water until an appropriate treatment system is in place.

Do not boil the water. Boiling concentrates nitrate rather than removing it.

Do not use this water to make infant formula.

Common household filters such as pitcher-style carbon filters **do not remove nitrate**. Other systems can. Consult the State Water Board's list of registered residential water treatment devices for nitrate.

Is it safe to bathe in?

Yes. Babies and children can be bathed, and showers taken, in water with high nitrate levels. Nitrate is a concern only for ingestion — eating and drinking. It is not absorbed through skin. Many people who install nitrate treatment install it only at the kitchen sink, because that is the tap used for cooking and drinking water.

Can I wash fruits and vegetables with it?

Generally yes. The amount of water involved is small, and if produce is wiped or blotted dry after washing there should be no health risk. The water should not be used for cooking.

Where can I get more information?

State Water Resources Control Board, Division of Drinking Water

Groundwater Information Sheet on Nitrate:
www.waterboards.ca.gov/gama/docs/coc_nitrate.pdf

North Coast Regional Water Quality Control Board: NorthCoast@Waterboards.ca.gov