

State of California
Regional Water Quality Control Board
San Diego Region

EXECUTIVE OFFICER SUMMARY REPORT
August 13, 2008

ITEM: 7

SUBJECT: Adoption of Tentative Addendum No. 1 to Order No. R9-2002-0115 for the Mountain Meadow Mushroom Farm, 26948 North Broadway, Escondido, California. (*Beatrice Griffey*).

PURPOSE: To adopt Tentative Addendum No. 1 to Order No. R9-2002-0115 identifying Gary Crouch and Roberto Ramirez as the owners and operators of the Mountain Meadow Mushroom Farm Facility and the owners of the land.

PUBLIC NOTICE: Pursuant to California Water Code section 13167.5, on July 14, 2008 the Regional Board complied with public comment period requirements by posting a notice and the Tentative Addendum on the official Internet site maintained by the Regional Board

DISCUSSION: The owners and operators of the Mountain Meadow Mushroom Farm (facility) and the owners of the land have changed. The new owners, Gary Crouch and Robert Ramirez, filed a Report of Waste Discharge (RoWD) to inform the Regional Board of the ownership change. The Regional Board received the RoWD on May 16, 2008. Tentative Addendum No. 1 to Order No. R9-2002-0115 identifies Mr. Crouch and Mr. Ramirez as the owners of the land, the owners and operators of the facility, and responsible for complying with the waste discharge requirements (WDRs) in the Order from June 5, 2008 forward. There are currently no active violations of the WDRs associated with the facility. If any violations of the WDRs that predate the ownership change are discovered, the previous owners will be responsible for those violations.

COMPLIANCE RECORD: Not applicable.

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ITEM 7

2

August 13, 2008

SIGNIFICANT
CHANGES:

None.

KEY ISSUES:

None.

LEGAL CONCERNS:

None.

SUPPORTING
DOCUMENTS:

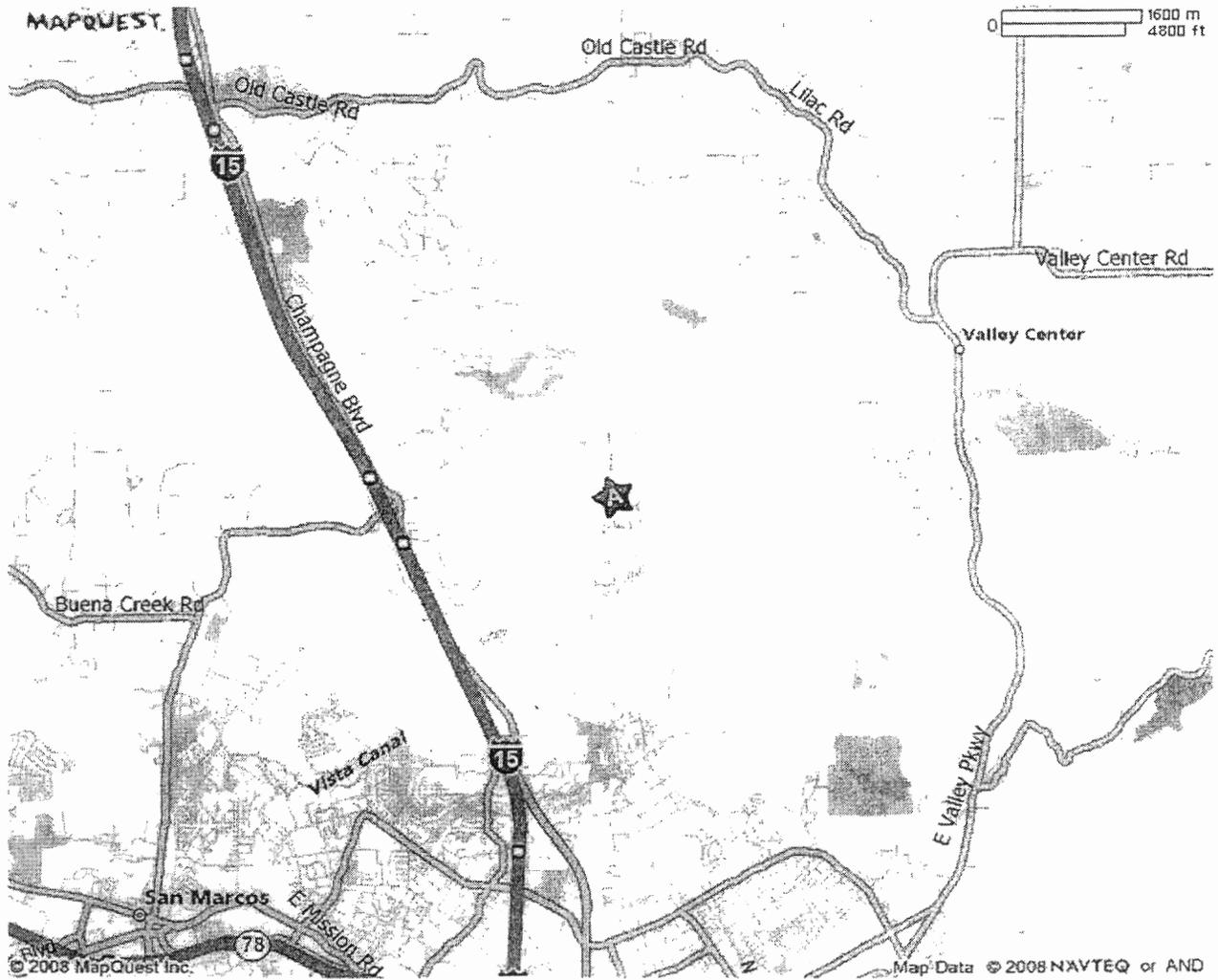
1. Location Map.
2. Tentative Addendum No.1 to Order R9-2002-0115.
3. Application/Report of Waste Discharge, General Information for Waste Discharge Requirements or NPDES Permit (State of California, Regional Water Quality Control Board, Standard Form 200) for the Mountain Meadow Mushroom Farm received by the Regional Board on May 16, 2008.

RECOMMENDATION:

Adoption of Tentative Addendum No.1 to Order No. R9-2002-0115.

MAPQUEST.

A: 26948 N Broadway, Escondido, CA 92026-8315



**CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
SAN DIEGO REGION**

**TENTATIVE ADDENDUM NO. 1 TO
ORDER NO. R9-2002-0115**

**WASTE DISCHARGE REQUIREMENTS
for
GARY CROUCH AND ROBERTO RAMIREZ**

**MOUNTAIN MEADOW MUSHROOM FARM
26948 NORTH BROADWAY, ESCONDIDO, CALIFORNIA**

The California Regional Water Quality Control Board, San Diego Region (hereinafter Regional Board), finds:

1. Mountain Meadow Mushroom Farm is located at 26948 North Broadway, Escondido, California, which is within an unincorporated area of San Diego County.
2. On May 8, 2002, the Regional Board adopted Order No. R9-2002-0115 issuing waste discharge requirements for waste, waste water, and storm water associated with the Mountain Meadow Mushroom Farm.
3. In Order No. R9-2002-0115, Robert and Elisabeth Crouch are identified as owners/dischargers of the Mountain Meadows Mushroom Farm.
4. In an Application/Report of Waste Discharge, General Information Form for Waste Discharge Requirements or NPDES Permit (State of California, Regional Water Quality Control Board, Standard Form 200) dated May 16, 2008, Gary Crouch and Roberto Ramirez are identified as the Mountain Meadow Mushroom Farm Facility owners and operators, and owners of the land.
5. The Regional Board was verbally notified by Roberto Ramirez that the transfer of ownership, documented in the May 16, 2008 application, occurred on June 5, 2008. The occurrence and subject of this conversation is documented in a Regional Board email to Roberto Ramirez dated June 5, 2008.
6. California Environmental Quality Act (CEQA) Exemption: This Order, which enforces the laws and regulations administered by the Regional Board, meets the CEQA (Public Resources Code section 21000, *et seq.*) Categorical Exemption outlined in section 15321 of the CEQA Guidelines: CCR Title 14.

IT IS HEREBY ORDERED, that in order to meet the provisions contained in Division 7 of the California Water Code and Regulations adopted there under,

Gary Crouch and Roberto Ramirez (hereinafter dischargers) shall comply with the following:

1. All the requirements identified in Order No. R9-2002-0115; and
2. The former discharger is liable for violations of Order No. R9-2002-0115 prior to the ownership transfer date and the discharger is liable for violations of Order No. R9-2002-0115 from the ownership transfer date forward.

I, John H. Robertus, Executive Officer, do hereby certify the forgoing is a full, true, and correct copy of the Addendum No. 1 to Order No. R9-2002-0115 issued on August 13, 2008.

Ordered By: _____
John H. Robertus
Executive Officer
August 13, 2008

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY



State of California
Regional Water Quality Control Board
**APPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT**



I. FACILITY INFORMATION

A. Facility:

Name: Mountain Meadow Mushroom Farms			
Address: 26948 N. Broadway			
City: Escondido	County: San Diego	State: CA	Zip Code: 92026
Contact Person: Roberto Ramirez		Telephone Number: 760 749 1201	

B. Facility Owner:

Name: Mountain Meadow Mushroom Farms			Owner Type (Check One)	
Address: 26948 N. Broadway			1. <input type="checkbox"/> Individual	2. <input checked="" type="checkbox"/> Corporation
City: Escondido	State: CA	Zip Code: 92026	3. <input type="checkbox"/> Governmental Agency	4. <input type="checkbox"/> Partnership
Contact Person: Gary Crouch, Roberto Ramirez		Telephone Number: 760 749 1201	5. <input type="checkbox"/> Other: _____	
			Federal Tax ID: _____	

C. Facility Operator (The agency or business, not the person):

Name: Mountain Meadow Mushroom Farms			Operator Type (Check One)	
Address: 26948 N. Broadway			1. <input type="checkbox"/> Individual	2. <input checked="" type="checkbox"/> Corporation
City: Escondido	State: CA	Zip Code: 92026	3. <input type="checkbox"/> Governmental Agency	4. <input type="checkbox"/> Partnership
Contact Person: Gary Crouch, Roberto Ramirez		Telephone Number: 760 749 1201	5. <input type="checkbox"/> Other: _____	

D. Owner of the Land:

Name: Mountain Meadow Mushroom Farms			Owner Type (Check One)	
Address: 26948 N. Broadway			1. <input type="checkbox"/> Individual	2. <input checked="" type="checkbox"/> Corporation
City: Escondido	State: CA	Zip Code: 92026	3. <input type="checkbox"/> Governmental Agency	4. <input type="checkbox"/> Partnership
Contact Person: Gary Crouch, Roberto Ramirez		Telephone Number: 760 749 1201	5. <input type="checkbox"/> Other: _____	

E. Address Where Legal Notice May Be Served:

Address: 26948 N. Broadway			
City: Escondido	State: CA	Zip Code: 92026	
Contact Person: Roberto Ramirez, Gary Crouch		Telephone Number: 760 749 1201	

F. Billing Address:

Address: 26948 N. Broadway			
City: Escondido	State: CA	Zip Code: 92026	
Contact Person: Roberto Ramirez, Gary Crouch		Telephone Number: 760 749 1201	

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY



State of California Regional Water Quality Control Board

APPLICATION/REPORT OF WASTE DISCHARGE GENERAL INFORMATION FORM FOR WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT



II. TYPE OF DISCHARGE

Check Type of Discharge(s) Described in this Application (A or B):

- A. WASTE DISCHARGE TO LAND
- B. WASTE DISCHARGE TO SURFACE WATER

Check all that apply:

<input type="checkbox"/> Domestic/Municipal Wastewater Treatment and Disposal	<input type="checkbox"/> Animal Waste Solids	<input type="checkbox"/> Animal or Aquacultural Wastewater
<input type="checkbox"/> Cooling Water	<input type="checkbox"/> Land Treatment Unit	<input type="checkbox"/> Biosolids/Residual
<input type="checkbox"/> Mining	<input type="checkbox"/> Dredge Material Disposal	<input type="checkbox"/> Hazardous Waste (see instructions)
<input type="checkbox"/> Waste Pile	<input type="checkbox"/> Surface Impoundment	<input type="checkbox"/> Landfill (see instructions)
<input type="checkbox"/> Wastewater Reclamation	<input type="checkbox"/> Industrial Process Wastewater	<input type="checkbox"/> Storm Water
<input type="checkbox"/> Other, please describe: _____		

III. LOCATION OF THE FACILITY

Describe the physical location of the facility.

1. Assessor's Parcel Number(s)
 Facility: 186-121-31-00
 Discharge Point:

2. Latitude North
 Facility: 33.12.013
 Discharge Point:

3. Longitude West
 Facility: 117 05.360
 Discharge Point:

IV. REASON FOR FILING

<input type="checkbox"/> New Discharge or Facility	<input checked="" type="checkbox"/> Changes in Ownership/Operator (see instructions)
<input type="checkbox"/> Change in Design or Operation	<input type="checkbox"/> Waste Discharge Requirements Update or NPDES Permit Reissuance
<input type="checkbox"/> Change in Quantity/Type of Discharge <input type="checkbox"/> Other: _____	

V. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

Name of Lead Agency: _____

Has a public agency determined that the proposed project is exempt from CEQA? Yes No

If Yes, state the basis for the exemption and the name of the agency supplying the exemption on the line below.
 Basis for Exemption/Agency: _____

Has a "Notice of Determination" been filed under CEQA? Yes No

If Yes, enclose a copy of the CEQA document, Environmental Impact Report, or Negative Declaration. If no, identify the expected type of CEQA document and expected date of completion.

Expected CEQA Documents:

<input type="checkbox"/> EIR	<input type="checkbox"/> Negative Declaration	Expected CEQA Completion Date: _____
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CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY



State of California Regional Water Quality Control Board

APPLICATION/REPORT OF WASTE DISCHARGE GENERAL INFORMATION FORM FOR WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT



VI. OTHER REQUIRED INFORMATION

Please provide a COMPLETE characterization of your discharge. A complete characterization includes, but is not limited to, design and actual flows, a list of constituents and the discharge concentration of each constituent, a list of other appropriate waste discharge characteristics, a description and schematic drawing of all treatment processes, a description of any Best Management Practices (BMPs) used, and a description of disposal methods. Also include a site map showing the location of the facility and, if you are submitting this application for an NPDES permit, identify the surface water to which you propose to discharge. Please try to limit your maps to a scale of 1:24,000 (7.5' USGS Quadrangle) or a street map, if more appropriate

VII. OTHER

Attach additional sheets to explain any responses which need clarification. List attachments with titles and dates below:

Blank lines for listing attachments with titles and dates.

You will be notified by a representative of the RWQCB within 30 days of receipt of your application. The notice will state if your application is complete or if there is additional information you must submit to complete your Application/Report of Waste Discharge, pursuant to Division 7, Section 13260 of the California Water Code.

VIII. CERTIFICATION

"I certify under penalty of law that this document, including all attachments and supplemental information, were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or 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."
Print Name: Roberto Ramirez Title: President
Signature: [Handwritten Signature] Date: 5/16/08

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Table with 4 columns: Date Form 200 Received, Letter to Discharger, Fee Amount Received, Check #.