

FORM MUST BE SUBMITTED TO WATER BOARD BY JANUARY 31, 2009

[illegible]

Name: 		Contact E-mail:
Mailing Address: 		
City: 	State: _	Zip Code: --
Name of Contact Person: 		Contact Phone: -- --

A. Facility Name:						County:							
Mailing Address:						Contact E-mail:							
City:						State:		Zip Code:					
						<u>C I A</u>							
Name of Contact Person:						Contact Phone:							
Facility Assessor's Parcel Number													
Provide Latitude and Longitude only if facility does not have a valid street address				<u>Degree/minutes/seconds</u>					<u>Decimal Form</u>				
				Latitude: ° ' "					.				
				Longitude: ° ' "					.				
B. Total Size of Herd:				C. Operation Type: (check one)					D. Start & End Date of Current Operations:				
animals				1. [] Cattle 2. [] Goat					____/____/____				
				3. [] Sheep 4. [] Other (list)					____/____/____				

Send Correspondence to	<input type="checkbox"/> Facility Operator Mailing Address (Section I)	<input type="checkbox"/> Landowner Mailing Address (Section II)
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SECTION V. RECEIVING WATER INFORMATION

Does your facility's clean storm water flow directly and/or eventually into waters of the State such as a stream, river, lake, irrigation flows, ocean, etc?

☐ Yes ☐ No

If yes, name the receiving waterbody: | | | | | | | | | | | | | | | | | | | | | |

SECTION VI. IMPLEMENTATION OF WAIVER OF WDRs CONDITIONS

A. CONDITIONS OF WAIVER FOR DISCHARGES FROM GRAZING OPERATIONS (check if true)

☐ Facility is currently operating in compliance with Waiver Standards

B. RANCH WATER QUALITY PLAN (check if true)

☐ A Ranch Water Quality Plan and its associated Plan for Compliance Reporting and Schedule for Implementation has been prepared and is maintained on site.

☐ A Ranch Water Quality Plan and its associated Plan for Compliance Reporting and Schedule for Implementation will be prepared and maintained on site by November 15, 2009.

SECTION VII. LANDOWNER NOTIFICATION

if the Facility Operator is not the owner of the facility, the Operator must certify that the owner of the facility has been notified of this waiver and its requirements.

Operator's Printed Name: _____ Signature: _____

Title: _____ Date: _____

SECTION VIII. CERTIFICATION

"I certify under penalty of law that this document and all attachments were prepared under my direction and 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 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. In addition, I certify that the provisions of the waiver, including the implementation of a Ranch Water Quality Plan, will be complied with."

Printed Name: _____ Signature: _____

Title: _____ Date: _____

Signed form must be mailed to:

San Francisco Bay RWQCB
1515 Clay Street, Suite 1400
Oakland, CA 94612
ATTN: Grazing Operations Waiver Program

