

<p>B. Size of Herd:</p> <p>_____ Mature Milked/Dry Cows _____ Heifer/Calf _____ Sheep and Lambs _____ Goats _____ Other _____ Total</p>	<p>C. Operation Type: (check one)</p> <p>1. <input type="checkbox"/> Cow Dairy 2. <input type="checkbox"/> Goat Dairy 3. <input type="checkbox"/> Sheep Dairy</p> <p>4. <input type="checkbox"/> Other (list animal type) _____</p> <p>D. Start Date of Current Operations: ____/____/____</p>	<p>E. Maximum design capacity of current confined facility. Report in # of animals: _____ _____ _____ _____</p>
<p>F. Do your facilities have 700 or more mature cows, or 10,000 or more sheep? Yes _____ No _____</p> <p>Is a Nutrient Management Plan (NWP) complete? Yes _____ No _____ Date of completion: ____/____/____</p>		
<p>G. Type of containment structure(s) for waste including: manure, litter, silage leachate, process waste or wastewater (including storm water contacting waste): _____</p> <p>Total storage capacity of above structure(s): _____ tons/gallons (circle one)</p>		
<p>H. Does the facility have any food processing activities that would contribute to the waste stream and volume?</p> <p>Yes _____ No _____</p>	<p>I. Total acres under the control of the discharger available for land application of manure, litter, or process wastewater:</p> <p>_____ Acres</p>	
<p>J. Is the facility currently leased and/or operated by someone other than owner? Yes _____ No _____ If the answer is yes, who is the lessee and/or operator? _____</p> <p>If not previously listed, provide lessee contact info: Address: _____</p> <p>Phone number: _ _ _ - _ _ _ - _ _ _ Email: _____</p>		
<p>K. Is your dairy California Dairy Quality Assurance Program (CDQAP) certified? Yes _____ No _____</p> <p>Date of most recent certification: ____/____/____</p>		
<p>L. Does the Facility maintain a grazing operation on lands encompassing 50 acres or greater? Yes _____ No _____</p> <p>If the answer is yes, please list the Assessor's Parcel Numbers for the grazing operation below (owned and/or leased):</p> <p>_____</p> <p>_____</p>		

SECTION III. ADDRESS FOR CORRESPONDENCE

Send Correspondence to : <input type="checkbox"/> Facility Owner Address (Section I) <input type="checkbox"/> Facility Address (Section II A) <input type="checkbox"/> Lessee/Operator Address (Section II J)

SECTION IV. RECEIVING WATER INFORMATION

<p>Does your facility's clean storm water flow <u>directly</u> and/or <u>indirectly</u> into waters of the State (a stream, river, lake, ocean, etc.)? (circle one)</p> <p>If it is indirect explain: (for example, "storm water is diverted to ditch that travels 100 yards to offsite ditch that eventually drains to San Antonio Creek".)</p> <p>Explanation: _____</p> <p>Closest receiving waterbody is: _____</p>

SECTION V. IMPLEMENTATION OF WAIVER CONDITIONS

<p>A. STATEWIDE MINIMUM STANDARDS FOR CONFINED ANIMAL FACILITIES (<i>check if true</i>)</p> <p><input type="checkbox"/> Facility is currently operating in compliance with Statewide Minimum Standards for Discharges of Animal Waste (Title 27, see Attachment G)</p>
<p>B. FACILITY / OPERATION MANAGEMENT (check if true)</p> <p><input type="checkbox"/> Manure ponds and containment facilities are designed to accommodate the waste water flow and stormwater contacting manured areas, that is likely to accumulate in the wettest winter that may occur in a 25-year, 24-hour storm event.</p> <p><input type="checkbox"/> Manure ponds and containment facilities are managed in accordance with the waste discharge specifications for the Waiver of WDRs.</p> <p><input type="checkbox"/> All non-manure wastes such as silage leachate, dead animals, waste milk, veterinary medical waste, spoiled feed, bedding, etc., are contained and managed in accordance with the waste discharge specifications for the Waiver of WDRs.</p> <p><input type="checkbox"/> All direct and indirect discharges of waste, including storm water contacting wastes, from the animal production or housing area are contained and prevented from entering any surface water, or tributary thereof.</p> <p><input type="checkbox"/> All confined animals are fenced or excluded from any surface water or perennial streams passing through the confined area.</p>

SECTION VI. MONITORING PROGRAM

<p><input type="checkbox"/> The Monitoring and Reporting Program will be reviewed and all tasks will be conducted as required (check if true)</p> <p>Please check one regarding required surface water sampling:</p> <p><input type="checkbox"/> The dairy will participate in group surface water monitoring</p> <p><input type="checkbox"/> The dairy will perform individual surface water monitoring</p>
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SECTION VII. CERTIFICATION

<p>"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 Monitoring Program Plan, will be complied with."</p>	
<p>Printed Name: _____</p>	<p>Signature: _____</p>
<p>Title: _____</p>	<p>Date: _____</p>