

**ANNUAL CERTIFICATION (required to be completed and submitted annually)**  
**REPORTING PERIOD OF OCTOBER 1, 20\_\_ THROUGH SEPTEMBER 30, 20\_\_**

This ranch/farm is in compliance with the Grazing Operations Waiver Program (Conditional Waiver Tomales Bay Watershed, Resolution No. R2-2013-0039).

|                                                                                                                                                                                                                                                                                                  |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Farm/Ranch Name:                                                                                                                                                                                                                                                                                 | Phone:                 |
|                                                                                                                                                                                                                                                                                                  | Email:                 |
| Mailing Address or P.O. Box:                                                                                                                                                                                                                                                                     | City, State, ZIP Code: |
| List all Assessor Parcel Numbers (APNs) or legal description (Township, Range, Sections) for rangeland and pasture fields included in this plan. Indicate if the parcels were not previously included in the annual certifications and may not be part of the Notice of Intent originally filed: |                        |

**Ranch Plan** (check one)

- ☐ Ranch Water Quality Plan was completed in \_\_\_\_\_(year) and will be updated in \_\_\_\_\_(year).  
☐ Ranch Water Quality Plan is expected to be finished in \_\_\_\_\_(year).

**Compliance Monitoring Inspections** (fill in dates when monitoring inspections were completed)

- 1) Wet-season inspections conducted on: Dec. \_\_\_\_\_ Jan. \_\_\_\_\_ Feb. \_\_\_\_\_  
March \_\_\_\_\_ April \_\_\_\_\_
- 2) Dry-season inspections occurred on: June \_\_\_\_\_ Sept. \_\_\_\_\_
- 3) Survey of stream(s) below and above ranch (Grazing Operations) completed on: \_\_\_\_\_
- 4) RDM results:  
☐ All fields > minimum ☐ Most fields = min. ☐ Most fields < min. ☐ All fields < min.

Explanation: \_\_\_\_\_

- 5) Are further management practices needed to improve water quality?  
☐ Yes ☐ No ☐ Not Sure

If Yes is indicated in question 5, list potential water quality concerns identified during ranch/stream inspections, planned or implemented fixes, and maintenance. Add additional pages if needed.

| Date | Location<br>(pasture/field) | Describe Water Quality<br>Concern | Notes<br>(action taken, success, & future needs) |
|------|-----------------------------|-----------------------------------|--------------------------------------------------|
|      |                             |                                   |                                                  |
|      |                             |                                   |                                                  |
|      |                             |                                   |                                                  |

Completed by: ☐ Landowner ☐ Tenant ☐ Other \_\_\_\_\_

Make copies for landowner and/or tenant. Mail completed form **before November 15** to:

\_\_\_\_\_  
(Print name)

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

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(E-mail)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)