



Contact E-mail:

San Francisco Bay Regional Water Quality Control Board

ATTACHMENT C NOTICE OF INTENT

TO COMPLY WITH THE TERMS OF RESOLUTION NO. R2-2018-0046

CONDITIONAL WAIVER OF WASTE DISCHARGE REQUIREMENTS FOR GRAZING OPERATIONS IN THE TOMALES BAY WATERSHED

FORM MUST BE SUBMITTED TO WATER BOARD BY MARCH 15, 2019

SECTION I. WAIVER OF WASTE DISCHARGE REQUIREMENTS

Instructions: This Notice of Intent (NOI) applies to existing grazed properties that meet enrollment criteria operating on or before October 10, 2018.

Grazing Operations currently enrolled under Resolution No. R2-2013-0039 (2013 Waiver) will not be required to submit a new NOI under this Resolution if there have been no changes in the Grazing Operations, the Grazing Lands identified in the NOI, or ownership or operation of the Grazing Lands or Grazing Operations.

Dischargers (landowners and operators) conducting eligible Grazing Operations and *not* currently enrolled under the 2013 Waiver are required to complete this form and submit it to the Water Board on or before **March 15, 2019**.

Mail completed NOI to: San Francisco Bay Regional Water Quality Control Board; 1515 Clay Street, Suite 1400; Oakland, CA 94612, Attn: Grazing Waiver Program. Or email to: R2GrazingWaiver@waterboards.ca.gov

SECTION II. RANCH OPERATOR INFORMATION

Name:

Mailing Address

| | <u> </u> | | | |
|---|-------------|-----------------|--|--|
| City: | State: | Zip Code: | | |
| Name of Contact Person: | <u>l</u> _l | Contact Phone: | | |
| SECTION III. RANCH LANDOWNER INFORMATION (IF OPERATOR IS NOT THE OWNER) | | | | |
| Name: | | Contact E-mail: | | |
| Mailing Address: | | | | |
| City: | State: | Zip Code: | | |
| Name of Contact Person: | <u>l</u> l | Contact Phone: | | |

| SECTION IV. RANCH INFOR | MATION * Please indicate physical address of ranch, no | t the mai | ling address | |
|--|--|--|---|--|
| A. Facility Name: | | <u> </u> | County: | |
| Facility Address: | | <u> </u> | Contact E-mail: | |
| City: | <u> </u> | State: | Zip Code: | |
| Name of Contact Person: | | <u> </u> | Contact Phone: | |
| Facility Assessor's Parcel Number(s) | <u> </u> | | | |
| Provide Latitude and Longitude only if facility does not have a valid street address | Degree/minutes/seconds Latitude: ° ' " | <u>Decima</u> . | <u>Decimal Form</u> | |
| B. Total Size of Herd: | C. Operation Type: (check one) 1. [] Cattle | D. Sta | Start & End Date of Current Operations: | |
| SECTION V. ADDRESS FOR CORRESPONDENCE | | | | |
| Send Correspondence to SECTION VI. RECEIVING WA | | ndowner i | Mailing Address (Section II) | |
| []Yes []No | flow directly and/or eventually into waters of the State such as a | | - | |
| SECTION VII. IMPLEMENTAT | TION OF CONDITIONS OF WAIVER OF WDRs | | | |
| | OR DISCHARGES FROM GRAZING OPERATIONS (chen compliance with Waiver Standards | ck if true | | |
| is maintained on site. [] A Ranch Water Quality Plan, i | ncluding a Plan for Compliance Reporting and a Schedule | - | | |
| maintained on site by April 15, 20 | 19. | | | |

SECTION VIII. LANDOWNER CERTIFICATION

| If the Ranch Operator is not the ranch landowner, the Landowner must certify that he/she has been notified of this waiver and its requirements. | | | |
|--|--|--|--|
| Landowner or Authorized Representative* Printed Name: | | | |
| Landowner or Authorized Representative Signature: | | | |
| Title: Date: | | | |
| * A duly authorized person designated by the Landowner as having legal responsibility for the overall operation of the regulated facility. The authorized representative may be the grazing operator or operator's duly authorized designee. | | | |
| SECTION IX. 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 Resolution will be complied with." | | | |
| Landowner or Authorized Representative Printed Name*: | | | |
| Landowner or Authorized Representative Signature:Date: | | | |
| Telephone Number: | | | |
| Email: | | | |

Mail signed form to:

San Francisco Bay Regional Water Board 1515 Clay Street, Suite 1400 Oakland, CA 94612

ATTN: Grazing Waiver Program

Or email to: R2GrazingWaiver@waterboards.ca.gov

* A duly authorized person designated by the owner of the confined animal facility, as having responsibility for the overall operation of the regulated facility. The authorized representative may be the operator or operator's duly authorized designee.