



ATTACHMENT C

California Regional Water Quality Control Board
Santa Ana Region

NOTICE OF INTENT

TO COMPLY WITH THE TERMS AND CONDITIONS OF THE GENERAL PERMIT TO DISCHARGE
WASTES FROM CONCENTRATED ANIMAL FEEDING OPERATIONS (DAIRIES AND RELATED FACILITIES)
(Order No. R8-2013-0001, NPDES No. CAG018001)

PERMITTEE (Person/Agency Responsible for Discharge)

Owner/Operator Name: GH Dairy
Mailing Address: 14651 S Grade Ave Ontario CA 91763
Street City State ZIP
Contact Person: Patricia L Mohr Phone (909) 606-6455

FACILITY (Physical Address)

Name: GH Dairy - Hemet
Location: 1455 N. Cowston Rd Hemet CA 92345
Street City State ZIP
Contact Person: Miguel Chavez Phone (951) 235-9661
(Supervisor)

FACILITY INFORMATION

Latitude: 33.7718724 Longitude: 111.0198437
Topographic Map of Facility Yes No
Total area (acres) 73.34 Cropland (acres) 0 Corrals (acres) 12
Disposal/Pasture (acres) _____ Number of acres contributing drainage _____

ANIMAL POPULATION (specify number)

the future Milking Cows 900 Dry Cows 135 Heifers 35 (current)
Calves _____ Other (specify type) _____

MANURE, LITTER AND/OR WASTEWATER PRODUCTION AND USE

How much manure, litter, and wastewater is produced annually? _____ tons _____ gallons
If land applied, how many acres of land under the control of permittee are available for applying
manure/litter/wastewater? _____ acres
How many tons of manure or litter or gallons of wastewater produced will be transferred annually
to other persons? _____ tons _____ gallons

TYPE OF CONTAINMENT AND CAPACITY

Holding Ponds (gallons) _____ Evaporation Ponds (gallons) _____
Lagoons (gallons) _____ Other (specify type) _____

TYPE OF STORAGE

Anaerobic Lagoon: Total number of days _____ Total capacity _____
Storage Lagoon: Total number of days _____ Total capacity _____
Evaporation Pond: Total number of days _____ Total capacity _____
Aboveground Storage Tanks: Total number of days _____ Total capacity _____
Belowground Storage Tanks: Total number of days _____ Total capacity _____
Roofed Storage Shed: Total number of days _____ Total capacity _____
Concrete Pad: Total number of days _____ Total capacity _____
Impervious Soil Pad: Total number of days _____ Total capacity _____
Other (specify): Total number of days _____ Total capacity _____

NUTRIENT MANAGEMENT PLAN (NMP)

NMP prepared Yes No NMP included with NOI yes No

If no, please explain _____

NMP implemented Yes No Have copy of NMP on site Yes No

Date of last review/revision of NMP Date: _____

If not land applying, describe alternative use(s) of manure/litter or wastewater _____

ENGINEERED WASTE MANAGEMENT PLAN (EWMP)

EWMP prepared Yes No EWMP certified yes No

EWMP implemented Yes No Have copy of EWMP on site Yes No (see at office in Ontario)

CERTIFICATION:

I certify under penalty of law that this document and all attachments were prepared under my direction or 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 for knowing violations.

SIGNATURE OF OWNER OF FACILITY

Gerben Bettinga

PRINT OR TYPE NAME

Owner 1/16/2018

TITLE AND DATE

SIGNATURE OF OPERATOR OF FACILITY

Gerben Bettinga

PRINT OR TYPE NAME

Owner 1/16/2018

TITLE AND DATE