

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. R8-2018-0001, NPDES No. CAG018001)

PERMITTEE *(Person/Agency Responsible for Discharge)*

Owner/Operator Name: _____

Mailing Address: _____
Street City State ZIP

Contact Person: _____ Phone (____) _____

E-mail _____

FACILITY (Physical Address)

Name: _____

Location: _____
Street City State ZIP

Contact Person: _____ Phone (____) _____

FACILITY INFORMATION

Latitude: _____ Longitude: _____

Topographic Map of Facility Yes No

Total area (acres) _____ Cropland (acres) _____ Corrals (acres) _____

Disposal/Pasture (acres) _____ Number of acres contributing drainage _____

ANIMAL POPULATION *(specify number)*

Milking Cows _____ Dry Cows _____ Heifers _____

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) _____

ATTACHMENT C

California Regional Water Quality Control Board
Santa Ana Region

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)

Will you comply with an existing, approved NMP for this facility? _____ Yes _____ No

Date of last approved review/revision of the NMP Date: _____

Are you submitting a new or amended NMP for approval for this facility? _____ Yes _____ No

Is the new or amended NMP enclosed? _____ Yes _____ No

If no, please explain _____

ENGINEERED WASTE MANAGEMENT PLAN (EWMP)

Will you comply with an existing, approved EWMP for this facility? _____ Yes _____ No

Date of last approved review/revision of the EWMP Date: _____

Are you submitting a new or amended EWMP for approval for this facility? _____ Yes _____ No

Is the new or amended EWMP enclosed? _____ Yes _____ No

If no, please explain _____

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

PRINT OR TYPE NAME

TITLE AND DATE

SIGNATURE OF OPERATOR OF FACILITY

PRINT OR TYPE NAME

TITLE AND DATE