

Central Coast Regional Water Quality Control Board
Prosecution Team Evidence
in the matter of
Cease and Desist Order R3-2016-0015
Exhibit 4



WALLACE GROUP®

October 22, 2012

Mr. David LaCaro
Regional Water Quality Control Board
895 Aerovista Place, Suite 101
San Luis Obispo, CA 93401

Subject: Report of Waste Discharge for Centrally Grown, Cambria

Dear Mr. LaCaro:

Enclosed is the Report of Waste Discharge, Form 200 application form, and check in the amount of \$1,521.00 for permit processing for a new facility discharge for the Centrally Grown restaurant in Cambria, CA. Please feel free to contact me at **(805) 597-7197** if you have any questions or comments on the enclosed information.

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Sincerely,

WALLACE GROUP

Shannon Peterson
Professional Engineer



WALLACE GROUP
A California Corporation

612 CLARION CT
SAN LUIS OBISPO
CALIFORNIA 93401

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F 805 544-4294

www.wallacegroup.us

Kirk Consulting
a California Corporation
8830 Morro Road
Atascadero, CA 93422
(805) 461-5765

Heritage Oaks Bank
545 12th Street
Paso Robles, CA 93446
(805) 369-5122
90-3998/1222

1961

10/19/2012

PAY TO THE
ORDER OF

Regional Water Quality Control Board

\$

**1,521.00

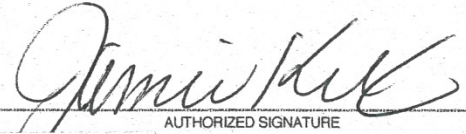
One Thousand Five Hundred Twenty-One and 00/100*****

DOLLARS 

Regional Water Quality Control Board

MEMO

Hamlet/RWCB Application



AUTHORIZED SIGNATURE

ORIGINAL CHECK



CALIFORNIA ENVIRONMENTAL
PROTECTION AGENCYState of California
Regional Water Quality Control Board

**APPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT**

**I. FACILITY INFORMATION****A. Facility:**

Name: Centrally Grown, Inc.			
Address: 7432 Exotic Gardens Drive			
City: Cambria	County: SLO	State: CA	Zip Code: 93428
Contact Person: Brian Wright		Telephone Number: 805-550-4278	

B. Facility Owner:

Name: Centrally Grown Inc.			Owner Type (Check One) 1. <input type="checkbox"/> Individual 2. <input checked="" type="checkbox"/> Corporation	
Address: 15821 Ventura Blvd. Suite 490			3. <input type="checkbox"/> Governmental Agency 4. <input type="checkbox"/> Partnership Agency	
City: Encino	State: Ca	Zip Code: 91436	5. <input type="checkbox"/> Other: _____	
Contact Person: George Christidis		Telephone Number: 310-502-3580	Federal Tax ID: 45-2450312	

C. Facility Operator (The agency or business, not the person):

Name: Centrally Grown Inc.			Operator Type (Check One) 1. <input type="checkbox"/> Individual 2. <input checked="" type="checkbox"/> Corporation	
Address: 7432 Exotic Gardens Drive			3. <input type="checkbox"/> Governmental Agency 4. <input type="checkbox"/> Partnership Agency	
City: Cambria	State: CA	Zip Code: 93428	5. <input type="checkbox"/> Other: _____	
Contact Person: Brian Wright		Telephone Number: 805-550-4278		

D. Owner of the Land:

Name: Centrally Grown Holdings LLC			Owner Type (Check One) 1. <input type="checkbox"/> Individual 2. <input checked="" type="checkbox"/> Corporation	
Address: 15821 Ventura Blvd. Suite 490			3. <input type="checkbox"/> Governmental Agency 4. <input type="checkbox"/> Partnership Agency	
City: Encino	State: CA	Zip Code: 91436	5. <input type="checkbox"/> Other: _____	
Contact Person: George Christidis		Telephone Number: 310-502-3580		

E. Address Where Legal Notice May Be Served:

Address: 15821 Ventura Blvd. Suite 490		
City: Encino	State:	Zip Code: 91436
Contact Person: George Christidis		Telephone Number: 310-502-3580

F. Billing Address:

Address: 15821 Ventura Blvd. Suite 490		
City: Encino	State: ca	Zip Code: 91436
Contact Person: George Christidis		Telephone Number: 310-502-3580

Form 200 (6/97)

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY



State of California Regional Water Quality Control Board

APPLICATION/REPORT OF WASTE DISCHARGE GENERAL INFORMATION FORM FOR WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT



II. TYPE OF DISCHARGE

Check Type of Discharge(s) Described in this Application (A or B):

- A. WASTE DISCHARGE TO LAND B. WASTE DISCHARGE TO SURFACE WATER

Check all that apply:

- Domestic/Municipal Wastewater Treatment and Disposal, Cooling Water, Mining, Waste Pile, Wastewater Reclamation, Other, Animal Waste Solids, Land Treatment Unit, Dredge Material Disposal, Surface Impoundment, Industrial Process Wastewater, Animal or Aquacultural Wastewater, Biosolids/Residual, Hazardous Waste, Landfill, Storm Water

III. LOCATION OF THE FACILITY

Describe the physical location of the facility.

1. Assessor's Parcel Number(s) Facility: 013-381-002 Discharge Point: 013-381-002
2. Latitude Facility: 35°35'15"N Discharge Point:
3. Longitude Facility: 121°07'16"W Discharge Point:

IV. REASON FOR FILING

New Discharge or Facility, Change in Design or Operation, Change in Quantity/Type of Discharge, Changes in Ownership/Operator, Waste Discharge Requirements Update or NPDES Permit Reissuance, Other:

V. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

Name of Lead Agency: San Luis Obispo County
Has a public agency determined that the proposed project is exempt from CEQA? Yes
Basis for Exemption/Agency: Building permit 15268 stated exempt.
Has a "Notice of Determination" been filed under CEQA? No
Expected CEQA Documents: EIR, Negative Declaration
Expected CEQA Completion Date:

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY



State of California
Regional Water Quality Control Board

**APPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT**



VI. OTHER REQUIRED INFORMATION

Please provide a COMPLETE characterization of your discharge. A complete characterization includes, but is not limited to, design and actual flows, a list of constituents and the discharge concentration of each constituent, a list of other appropriate waste discharge characteristics, a description and schematic drawing of all treatment processes, a description of any Best Management Practices (BMPs) used, and a description of disposal methods.

Also include a site map showing the location of the facility and, if you are submitting this application for an NPDES permit, identify the surface water to which you propose to discharge. Please try to limit your maps to a scale of 1:24,000 (7.5' USGS Quadrangle) or a street map, if more appropriate.

VII. OTHER

Attach additional sheets to explain any responses which need clarification. List attachments with titles and dates below:
Centrally Grown Wastewater Analysis, October 2012 by Wallace Group

You will be notified by a representative of the RWQCB within 30 days of receipt of your application. The notice will state if your application is complete or if there is additional information you must submit to complete your Application/Report of Waste Discharge, pursuant to Division 7, Section 13260 of the California Water Code.

VIII. CERTIFICATION

"I certify under penalty of law that this document, including all attachments and supplemental information, were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated 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."

Print Name: Brian Wright Title: _____

Signature: _____ Date: 2012.10.22 14:11:33 -07'00' Date: _____

FOR OFFICE USE ONLY

Date Form 200 Received:	Letter to Discharger:	Fee Amount Received:	Check #:
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Form 200 (6/97)