



San Francisco Bay Regional Water Quality Control Board

NOTICE OF INTENT for
Re-opening of Dormant Confined Animal Facilities
TO COMPLY WITH THE TERMS OF ORDER NO. R2-2016-0031
GENERAL WASTE DISCHARGE REQUIREMENTS FOR CONFINED ANIMAL FACILITIES

SECTION I. GENERAL WASTE DISCHARGE REQUIREMENT TIER

Instructions: If you are reopening an existing dormant confined animal facility (CAF), you must complete this Notice of Intent (NOI) form to seek coverage under Order No. R2-2016-0031. This NOI applies to existing, dormant CAFs that are re-opened after June 8, 2016.

Check the tier below that describes your CAF facility. Unless the Water Board Executive Officer has already designated your tier, you must self-designate.

Mail completed NOI to: San Francisco Bay Regional Water Quality Control Board; 1515 Clay Street, Suite 1400; Oakland, CA 94612, Attn: Confined Animal Program. Or email to: R2ConfinedAnimals@waterboards.ca.gov

[ ] Tier 1: CAF that does not utilize liquid waste retention ponds. Facility must currently comply with the Order's discharge prohibitions and waste discharge specifications. To qualify for coverage, the Discharger must demonstrate completion of the following:

MANAGEMENT PLANS: Prior to start-up, the Discharger must develop a site-specific Ranch Water Quality Plan applicable to each operation, in accordance with technical standards outlined in the Order. Check which of the following apply:

YES NO

[ ] [ ] Is your Ranch Water Quality Plan complete?

If no, please provide an explanation:

YES NO

[ ] [ ] Does the CAF include more animals than the existing infrastructure is designed to accommodate? The Order does not authorize construction or expansions of facilities.

Please provide an explanation:

[ ] Tier 2: CAF that utilizes liquid waste retention ponds. Facility must currently comply with the Order's discharge prohibitions and waste discharge specifications. To qualify for coverage, the Discharger must demonstrate completion of the following:

MANAGEMENT PLANS: Prior to start-up, the Discharger must develop site-specific management plans applicable to each operation, in accordance with technical standards outlined in the Order. Such plans must include a Waste Management Plan for confined areas, a Nutrient Management Plan for lands where manure products are applied and a Grazing Management Plan for grazing lands totaling 50 acres or more. Check which of the following apply:

YES NO

[ ] [ ] Waste Management Plan complete?

[ ] [ ] Nutrient Management Plan complete?

[ ] [ ] Grazing Management Plan complete?

If no, please provide an explanation:

RETENTION PONDS: Prior to start-up, retention ponds must comply with Natural Resources Conservation Service (NRCS) Waste Storage Facility Code 313, including a maximum specific discharge (unit seepage rate) of 1 x 10-6 cm/sec. Such ponds may not be used until the Discharger submits a report verifying that the liner meets this requirement.



<p><b>Provide Assessor Parcel Number(s) for entire operation; indicate if owned or leased (Grazing parcels provided separately in Section IV k.)</b></p>	<hr/> <hr/> <hr/>	
<p><b>B. Size of Herd:</b></p> <p>_____ Mature Milked/Dry Cows</p> <p>_____ Heifer/Calf</p> <p>_____ Sheep, milking ewes</p> <p>_____ Lambs</p> <p>_____ Goats</p> <p>_____ Horses</p> <p>_____ Other</p> <p>_____ Total</p>	<p><b>C. Operation Type: (check one)</b></p> <p>1. <input type="checkbox"/> Cow Dairy</p> <p>2. <input type="checkbox"/> Goat Dairy</p> <p>3. <input type="checkbox"/> Sheep Dairy</p> <p>4. <input type="checkbox"/> Horse Boarding</p> <p>5. <input type="checkbox"/> Other (list animal type)</p> <p>_____</p> <p>_____</p> <p><b>D. Start Date of Current Operations:</b></p> <p>____/____/____</p>	<p><b>E. Maximum design capacity of dormant confined facility. Report in # of animals:</b> _____</p> <p>_____</p> <p>_____</p> <p><b>F. Maximum design capacity of re-opened confined facility. Report in # animals:</b> _____</p> <p>_____</p> <p>_____</p>
<p><b>G. Do your facilities have 700 or more mature cows, 500 horses, or 10,000 or more sheep? Yes _____ No _____</b></p> <p>Is a Nutrient Management Plan (NWP) complete? Yes _____ No _____ Date of completion: ____/____/____</p>		
<p><b>H. Type of containment structure(s) for waste including: manure, litter, silage leachate, process waste or wastewater (including stormwater contacting waste):</b> _____</p> <p>Total storage capacity of above structure(s): _____ tons/gallons (circle one)</p>		
<p><b>I. Does the facility have any food processing activities that would contribute to the waste stream and volume?</b></p> <p>Yes _____ No _____</p>	<p><b>J. Total acres under the control of the Discharger available for land application of manure, litter, or process wastewater:</b></p> <p>_____ Acres</p>	
<p><b>K. Is your dairy California Dairy Quality Assurance Program (CDQAP) certified? Yes _____ No _____ Not applicable _____</b></p> <p>Date of most recent certification: ____/____/____</p>		
<p><b>L. Does the facility maintain a grazing operation on lands encompassing 50 acres or greater? Yes _____ No _____</b></p> <p>If the answer is yes, please list the Assessor's Parcel Numbers for the grazing operation below (owned and/or leased):</p> <p>_____</p>		

**SECTION V. RECEIVING WATER INFORMATION**

<p>Does your facility's clean stormwater flow <u>directly</u> and/or <u>indirectly</u> into waters of the State (a stream, river, lake, ocean, etc.)? (circle one)</p> <p>If it is indirect explain: (for example, "stormwater is diverted to ditch that travels 100 yards to offsite ditch that eventually drains to San Antonio Creek".)</p> <p>Explanation: _____</p> <p>_____</p> <p>_____</p> <p>Closest receiving waterbody is: _____</p>
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**SECTION VI. IMPLEMENTATION OF ORDER PROVISIONS**

<p>A. STATEWIDE MINIMUM STANDARDS FOR CONFINED ANIMAL FACILITIES (<i>check if true</i>)</p> <p><input type="checkbox"/> Facility is currently operating in compliance with Statewide Minimum Standards for Discharges of Animal Waste (Title 27, see Attachment K)</p>
<p>B. FACILITY / OPERATION MANAGEMENT (<i>check if true</i>)</p> <p><input type="checkbox"/> Liquid waste retention ponds and/or manure storage facilities are designed to accommodate the waste water flow and stormwater contacting confined manured areas, that is likely to accumulate up to and during a 25-year, 24-hour storm event.</p> <p><input type="checkbox"/> Liquid waste retention ponds and manure storage facilities are managed in accordance with the waste discharge specifications for the General WDRs.</p> <p><input type="checkbox"/> All non-manure wastes and/or waste water such as silage leachate, dead animals, waste milk, veterinary medical waste, spoiled feed, bedding, animal wash water, etc., are contained and managed in accordance with the waste discharge specifications for the General WDRs.</p> <p><input type="checkbox"/> All direct and indirect discharges of waste and/or manure, including stormwater contacting waste and/or manure, from the animal confinement areas are contained and prevented from entering any surface water, or tributary thereof.</p> <p><input type="checkbox"/> All confined animals are fenced or excluded from any surface water or perennial streams passing through the confined area.</p>

**SECTION VII. MONITORING PROGRAM**

<p><input type="checkbox"/> The Monitoring and Reporting Program will be reviewed and all tasks will be conducted as required (<i>check if true</i>)</p> <p>Please check one regarding required surface water sampling:</p> <p><input type="checkbox"/> The facility will participate in group surface water monitoring</p> <p><input type="checkbox"/> The facility will perform individual surface water monitoring</p>
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**SECTION VIII. LANDOWNER NOTIFICATION AND CERTIFICATION**

<p>If the facility is currently leased or operated by someone other than the owner, this section must be signed by the operator.</p> <p>I certify that the owner of the facility has been notified of these General Waste Discharger Requirements and that I have been designated by the owner as the "authorized representative".</p> <p>Operator's Printed Name: _____ Signature: _____</p> <p>Title: _____ Date: _____</p>
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**SECTION IX. CERTIFICATION**

<p>"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 Order, including the implementation of a Monitoring Program Plan, will be complied with."</p> <p>Owner or Authorized Representative Printed Name*: _____</p> <p>Owner or Authorized Representative Signature: _____ Date: _____</p> <p>Telephone Number: _____ Email: _____</p>
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\* 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 confined animal facility operator or operator's duly authorized designee.