

**CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD**  
**COLORADO RIVER BASIN REGION**

73-720 Fred Waring Drive, Suite 100 Palm Desert, CA 92260  
 Phone: (760) 346-7491 • Fax: (760) 341-6820  
<http://www.waterboards.ca.gov/coloradoriver>

**ORDER R7-2021-0029**  
**NPDES NO. CAG017001**



**GENERAL WASTE DISCHARGE REQUIREMENTS  
 AND NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 PERMIT FOR CONCENTRATED ANIMAL FEEDING OPERATIONS WITHIN  
 THE COLORADO RIVER BASIN REGION**

The following Dischargers are subject to Waste Discharge Requirements (WDRs) as set forth in this Order:

**Table 1. Discharger Information**

<b>Discharger</b>	Persons discharging wastes from a Concentrated Animal Feeding Operation or related facility in any manner that may affect the quality of the waters of the Colorado River Basin Region are hereafter referred to as “Discharger” and are subject to the terms and conditions of this Order.
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**Table 2. Administrative Information**

This Order was adopted by the Regional Water Quality Control Board on:	November 2, 2021
This Order shall become effective on:	April 1, 2022
This Order shall expire on:	March 31, 2027

**Attachments**

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**Attachment G Annual Report**

**California Regional Water Quality Control Board  
 Colorado River Basin Region (R-7)  
 73-720 Fred Waring Drive, Suite 100  
 Palm Desert, CA 92260  
 (760) 346-7491**

**Reporting Period:** January 1, 20\_\_\_\_ to December 31, 20\_\_\_\_  
**Report Due Date:** February 15, 20\_\_\_\_

**PART A – ANNUAL REPORT OF ANIMAL WASTE DISCHARGE**

<b>I. Facility Information</b> (Please make corrections directly on this form.)
Operator's Name:
Facility Name:
Facility Address:
Mailing Address:
Telephone Number:
Email Address:

Does the information provided apply only to the facility address indicated above?

Yes     No

If No, please provide the name and address of the other facilities in the comment section of this report.

**Note:** Submit a separate report for each of your facilities including dry cow, heifer, and calf ranches.

**II. Type And Number Of Animals**

Report the maximum number of each type of animal confined at this facility at any one time (and, for dairies, the number of milkings per day).

Type	Number in Open Confinement	Number Housed Under Roof
Mature Dairy Cows		
Number of milkings per day	(dairies only)	<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three
Dairy Heifers		
Veal Calves		
Other Cattle		
Swine (55 lb. or more)		
Swine (under 55 lb.)		
Horses		
Sheep or Lambs		

Turkeys		
Chickens (broilers)		
Chickens (layers)		
Ducks		
Other: (specify): _____		

**III. Manure, Litter, And Process Wastewater Production**

Report the estimated amount of manure, litter, and process wastewater that were generated at this facility during the 12-month reporting period identified at the top of this report.

A. Amount of manure generated during the reporting period: _____ tons.
B. Amount of manure generated during the reporting period that is stockpiled on site as of 12/31/20____ : _____ tons
C. Amount of litter generated during the reporting period: _____ tons.
D. Amount of process wastewater generated during the reporting period: _____ gallons.

Were the production factors provided below used to estimate your manure information?

Provided Production Factors	Productions Factors Used	Provide Other Production Factor, if used
Beef cattle produce approximately 1.5 tons per animal per year of manure.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1 Milking cow produces approximately 4.1 tons per year of manure.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1 Dry cow produces approximately 4.1 tons per year of manure.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1 Heifer produces approximately 1.5 tons per year of manure.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1 Calf produces 0.6 tons per year of manure.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1 ton of corral manure equals 2.32 cubic yards.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1 cubic yard of corral manure equals 0.43 tons.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**IV. Manure, Litter, and Process Wastewater Transferred to Other Persons**

Report the estimated amount of manure, litter, and process wastewater that were transferred to other persons during the 12-month reporting period identified at the top of this report.

A. Amount of manure transferred during the reporting period: _____ tons.
B. Amount of litter transferred during the reporting period: _____ tons.
C. Amount of process wastewater transferred during the reporting period: _____ gallons.

**V. Summary of Production Area Discharges**

Report all discharges of manure, litter, and process wastewater from the production area to waters of the United States during the 12-month reporting period.

Date of Discharge	Time of Discharge	Estimated Volume

**VI. Instances of Noncompliance Not Previously Reported**

During the reporting period were there any instances of noncompliance which have not been reported to the permitting authority? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide the information requested below.

- Description of the noncompliance and its cause.
- The period that the operation was in noncompliance with permit conditions, including exact dates and times.
- In those cases where noncompliance has not been corrected, the anticipated time it is expected to continue.
- Description of the steps taken or planned to reduce, eliminate, and prevent reoccurrence of the noncompliance.

**VII. Certification of Preparation of Inspection Logs And Manifests**

- I certify that a CAFO Stormwater Management Structure Inspections Log has been prepared for and is maintained at this facility.
- I certify that a Water Line Inspections Log has been prepared for and is maintained at this facility.
- I certify that a Manure Tracking Manifest has been prepared for each manure hauling event that have occurred at this facility (Large CAFOs only).

**PART B – COMPOSTING INVENTORY**

**I certify that no composting occurs at this facility.** (If box is checked, skip to Part C.)

	January	February	March	April	May	June	July	August	September	October	November	December
<b>I. Materials Monitoring</b>												
Quantity (tons) and description of manure received from each source												
Quantity (tons) and description of green waste received from each source												
Quantity (tons) and description of fertilizer received from each source												
Quantity of composted material (tons) shipped off-site												
Estimated quantities of raw materials, in-process-inventory and finished												

	January	February	March	April	May	June	July	August	September	October	November	December
<b>II. Flood Protection Monitoring<sup>1</sup></b>												
The Discharger shall inspect all internal and external flood protection facilities at least quarterly and following each storm which generates any stormwater flow through the drainage system. Indicate whether these inspections were conducted for each quarter.												

<sup>1</sup> If significant damage to the flood protection facilities is found, the Discharger shall report this information to the Colorado River Basin Water Board immediately by telephone, and transmit by letter within five business days of its occurrence the following information:

- a. Location and extent of damage;
- b. Interim measures to be taken to assure that no wastes are discharged from the facility; and
- c. Time schedule for repairs

<b>III. Stormwater Monitoring</b>
<p>1. Did any stormwater discharge(s) occur from the composting operations?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>2. If yes, attach the results of all stormwater discharge analyses to this report and/or explain why any stormwater discharges from the composting operations were not analyzed for the required parameters:</p> <p><input type="checkbox"/> Check if analysis results are attached.</p> <p>If any stormwater discharges from the composting operations were not analyzed for the required parameters, explain below:</p>

**IV. Operation and Maintenance**

Document any erosion control or drainage problems and/or related maintenance:

**PART C – LAND APPLICATION OF MANURE, LITTER, AND PROCESS WASTEWATER REPORT**

**I certify that no land application of manure, compost, litter, and/or process wastewater occurs at this facility.** (If box is checked, skip to Part D.)

**I. Nutrient Management Plan**

Indicate whether the facility's Nutrient Management Plan (NMP) was either prepared or approved by a certified nutrient management planner. *Note: The Colorado River Basin Water Board does not require CAFO owners or operators to use a certified nutrient management planner to prepare or approve NMPs.*

Was the current version of this facility's NMP prepared or approved by a certified nutrient management planner?  Yes  No

**II. Acres Used for Land Application**

Report the total number of acres of land that are covered by this facility's NMP. Include all land application acres covered by the NMP, whether or not they were used for land application during the reporting period.

A. Total number of land application acres covered by the NMP: \_\_\_\_\_ acres.

Report the total number of acres of land where manure, litter, or process wastewater generated at this facility was spread. Include only land application areas that are under the control of this CAFO facility.

B. Total number of acres under the control of the CAFO used for land application during the reporting period: \_\_\_\_\_ acres.

**III. Nutrient Analyses**

Report the nutrient content of the manure, litter, and process wastewater that was applied during the reporting period. Report the results that were used to calculate nutrient application rates for the crops that were harvested during the reporting year. Attach additional sheets if needed.

Source sampled <sup>a</sup>	Sample date <sup>b</sup>	Analytical Results			
		NH <sub>4</sub> -N	TKN	TP	Units <sup>c</sup>

- a. Identify the manure type (e.g., liquid, slurry, solid, compost, litter, etc.) that was sampled and the storage structure sampled (if more than one structure used to store that type of manure). Use a separate line for each unique source. The source identification should correspond to those used in the approved NMP.
- b. Indicate the date of the sample results reported.
- c. Indicate the reporting units (i.e., mg/L, mg/kg, lb/ton, or lb/1,000 gallons).

Report the results of the most recent soil nutrient analyses used in calculating nutrient application rates for the crops harvested during the reporting year. If soil is not analyzed for nitrogen, report the calculated amount of plant available nitrogen in each field used to determine land application rates. Attach additional sheets if needed.

Field ID <sup>a</sup>	Sample Date <sup>b</sup>	Analytical Results						Calculated	
		Soluble P			Nitrogen <sup>e</sup>				
		Result	Units <sup>c</sup>	Method <sup>d</sup>	Result	N form <sup>f</sup>	Units <sup>c</sup>	PAN <sup>g</sup>	Units <sup>c</sup>

- a. List all fields where manure, litter, or process wastewater was applied during the reporting period. The field ID should correspond to those used in the approved NMP.
- b. Indicate the date of the sample results reported.
- c. Indicate the reporting units (i.e., mg/kg or lbs/acre).
- d. Indicate the extraction method used.
- e. Note that the permit does not require soil nitrogen analysis. Report the results if soil nitrogen analyses if they were conducted.
- f. Indicate the nitrogen form analyzed. Use multiple rows for multiple forms of N.
- g. Indicate the calculated amount of plant available nitrogen in the soil, if soil nitrogen analyses were not used in calculating nutrient application rates.



#### IV. Crop Growing Activity and Land Application

For each field where manure, litter, or wastewater was applied, report the actual crops grown in each field, the actual yield achieved, the amount of manure, litter, or wastewater planned to be applied and the actual amount of manure, litter, and wastewater applied. Report the information for the crop year ending during the 12-month reporting period. Attach additional sheets if needed.

Field ID <sup>a</sup>	Crop(s) Grown <sup>b</sup>	Yield <sup>c</sup>	Yield Units <sup>d</sup>	Planned Manure to be Applied <sup>e</sup>				Actual Manure Applied <sup>f</sup>			
				Solid (Tons)	Compost (Tons)	Liquid (Gallons)	Other <sup>g</sup> : _____	Solid (Tons)	Compost (Tons)	Liquid (Gallons)	Other <sup>g</sup> : _____

Field ID <sup>a</sup>	Crop(s) Grown <sup>b</sup>	Yield <sup>c</sup>	Yield Units <sup>d</sup>	Planned Manure to be Applied <sup>e</sup>				Actual Manure Applied <sup>f</sup>			
				Solid (Tons)	Compost (Tons)	Liquid (Gallons)	Other <sup>g</sup> : <hr/>	Solid (Tons)	Compost (Tons)	Liquid (Gallons)	Other <sup>g</sup> : <hr/>

- a. List all fields where manure, compost, litter, or process wastewater was applied during the reporting period. The field ID should correspond to those used in the approved NMP.
- b. List all crops grown (harvested during the reporting period) in each field during the reporting period.
- c. Report the actual yield achieved for each crop in each field.
- d. Report the per-acre yield units (e.g., tons/acre, bushels/acre)
- e. Report the calculated amount of manure, litter, or wastewater to be applied, determined in accordance with the methodology and terms of the approved NMP.
- f. Report the actual amount of manure, compost, litter, or wastewater applied.
- g. If “Other” is selected, write in the type of manure, litter, or wastewater to be applied

For each field where manure, compost, litter, or wastewater was applied, report the spreadable acres and the amount of total nitrogen and phosphorus applied per acre from commercial fertilizer during the 12-month reporting period. Attach additional sheets if needed.

<b>Field ID<sup>a</sup></b>	<b>Spreadable Acres</b>	<b>Commercial Nitrogen Applied (as N)</b>	<b>Commercial Phosphorus Applied (as P)</b>
		Pounds/Acre	Pounds/Acre
		Pounds/Acre	Pounds/Acre
		Pounds/Acre	Pounds/Acre
		Pounds/Acre	Pounds/Acre
		Pounds/Acre	Pounds/Acre
		Pounds/Acre	Pounds/Acre
		Pounds/Acre	Pounds/Acre
		Pounds/Acre	Pounds/Acre
		Pounds/Acre	Pounds/Acre
		Pounds/Acre	Pounds/Acre
		Pounds/Acre	Pounds/Acre
		Pounds/Acre	Pounds/Acre
		Pounds/Acre	Pounds/Acre
		Pounds/Acre	Pounds/Acre

a. List all fields where manure, compost, litter, or process wastewater was applied during the reporting period. The field ID should correspond to those used in the approved NMP

**PART D – GROUNDWATER MONITORING REPORT**

Attach the results of quarterly groundwater monitoring conducted in accordance with the CAFO’s approved groundwater monitoring program, if required by the Colorado River Basin Water Board. Check the appropriate box(es) below.

- A groundwater monitoring program is required for this facility.
  - Monitoring results are attached.
  - Monitoring results are not attached. Explain:

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- Not applicable. A groundwater monitoring program is not required for this facility.

PART E – CERTIFICATION

*I certify under penalty of law that this document and all attachments were prepared under my direct 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 this 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: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Submit by: February 15, 20\_\_\_\_

Submit to: California Regional Water Quality Control Board  
Colorado River Basin Region  
73-720 Fred Waring Drive, Suite 100  
Palm Desert, CA. 92260

**Attachment H Manure Tracking Manifest**

<b>Manure Tracking Manifest Colorado River Basin Water Board</b>	
<b>Instructions</b>	
<ol style="list-style-type: none"> <li>1. Complete one manifest for each hauling event, for each destination. A hauling event may last for several days, as long as the manure is being hauled to the same destination.</li> <li>2. If there are multiple destinations, complete a separate form for each destination.</li> <li>3. The operator must obtain the signature of the hauler upon completion of each manure hauling event.</li> <li>4. The operator shall maintain manure tracking manifests on site at the permitted facility.</li> </ol>	
<b>Operator Information</b>	
Name of Operator:	
Name of Facility:	
Facility Address:	
Mailing Address:	
Phone Number:	

<b>Manure Hauler Information</b>	
Name of Hauling Company and Contact Person:	Phone Number:
<b>Destination information</b>	
Hauled to (please check one): <input type="checkbox"/> Composting Facility <input type="checkbox"/> Regional Digester <input type="checkbox"/> Riverside County <input type="checkbox"/> San Bernardino County <input type="checkbox"/> Imperial County <input type="checkbox"/> San Diego County <input type="checkbox"/> Other County/State: (Please list below) <hr style="width: 30%; margin-left: 0;"/>	Dates Hauled: <hr style="width: 80%; margin-left: 0;"/> Please give name and location of the composting operation, or, if the manure was hauled to cropland, the owner or tenant, and the destination address, or nearest cross streets. <hr style="width: 80%; margin-left: 0;"/>

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**Please enter the amount in the box below and circle the appropriate units:**

<b>Amount removed from Facility</b>	<b>Amount Composted</b>	<b>Amount to Digester</b>
Tons or Cubic Yards	Tons or Cubic Yards	Tons or Cubic Yards

<b>Certification</b>	
<p>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 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.</p>	
Operator's Signature: _____	Date: _____
Hauler's Signature: _____	Date: _____

**Attachment I Stormwater and Wastewater Management Structure and Water Lines  
Inspection Form**

**CAFO Weekly Stormwater and Wastewater Management Structure and Daily Water  
Lines Inspections Log Sheet**

Facility Name: \_\_\_\_\_ NPDES Permit No.: CAG017001

Instructions: Use this form to keep track of weekly visual inspections of your wastewater and stormwater management structure(s) (including stormwater and runoff diversion devices, and devices used to channel contaminated stormwater to a wastewater storage or containment structure) and daily water line inspections (including drinking water lines and cooling water lines). List the items that need to be inspected below.

_____	_____
_____	_____
_____	_____
_____	_____

Keep track of your inspections in the following table by filling out one row each week when you inspect your stormwater management structures and water lines. Provide the following information:

- ✓ the date of the inspection
- ✓ the initials of the inspector
- ✓ check the "OK" box if no problems were found
- ✓ use the "Notes" column to describe problems, if you find any, and how they might be fixed
- ✓ fill in the "date corrected" column with the date when you correct the problem
- ✓ check the box indicating daily water line inspections were conducted

	Date	Initials	OK (✓ if no problems found)	Notes (Note any problems found and possible solutions.)	Date Corrected	Daily Inspections Conducted? (Yes/No)
Week 1						
Week 2						
Week 3						



	<b>Date</b>	<b>Initials</b>	<b>OK</b> (✓ if no problems found)	<b>Notes</b> (Note any problems found and possible solutions.)	<b>Date Corrected</b>	<b>Daily Inspections Conducted?</b> (Yes/No)
Week 4						
Week 5						
Week 6						
Week 7						
Week 8						
Week 9						
Week 10						
Week 11						
Week 12						
Week 13						
Week 14						
Week 15						
Week 16						

	<b>Date</b>	<b>Initials</b>	<b>OK</b> (✓ if no problems found)	<b>Notes</b> (Note any problems found and possible solutions.)	<b>Date Corrected</b>	<b>Daily Inspections Conducted?</b> (Yes/No)
Week 17						
Week 18						
Week 19						
Week 20						
Week 21						
Week 22						
Week 23						
Week 24						
Week 25						
Week 26						
Week 27						
Week 28						
Week 29						

	<b>Date</b>	<b>Initials</b>	<b>OK</b> (✓ if no problems found)	<b>Notes</b> (Note any problems found and possible solutions.)	<b>Date Corrected</b>	<b>Daily Inspections Conducted?</b> (Yes/No)
Week 30						
Week 31						
Week 32						
Week 33						
Week 34						
Week 35						
Week 36						
Week 37						
Week 38						
Week 39						
Week 40						
Week 41						
Week 42						

	<b>Date</b>	<b>Initials</b>	<b>OK</b> (✓ if no problems found)	<b>Notes</b> (Note any problems found and possible solutions.)	<b>Date Corrected</b>	<b>Daily Inspections Conducted?</b> (Yes/No)
Week 43						
Week 44						
Week 45						
Week 46						
Week 47						
Week 48						
Week 49						
Week 50						
Week 51						
Week 52						

**Attachment J – Discharge Notification Form**

**California Regional Water Quality Control Board  
 Colorado River Basin Region (R-7)  
 73-720 Fred Waring Drive, Suite 100  
 Palm Desert, CA 92260  
 (760) 346-7491**

**Discharge Notification Form**

Facility Name: \_\_\_\_\_ NPDES Permit No.: CAG017001

**If you have a discharge from the production area or land application area(s):**

1. Call the Governor’s Office of Emergency Services (800) 852-7550 and the Regional Water Quality Control Board (760) 346-7491 as soon as:
  - a. You know about the discharge,
  - b. Notification is possible, and
  - c. You can provide notification without substantially impeding cleanup or other emergency measures.
2. Within 24 hours, submit a certification to the Colorado River Basin Water Board that you have notified the Office of Emergency Services and the local health officer or directors of environmental health with jurisdiction over the affected water bodies.
3. Keep a record of the approximate date, time, duration, location, description, and volume of the discharge.
4. Conduct discharge monitoring and receiving water monitoring as described in the MRP (Sections IV.A, VIII.A and B, and IX.F)
5. Submit this form to the Colorado River Basin Water Board within 5 days of the discharge, as required by Section XI.D of the Monitoring and Reporting Program.

Describe each discharge of manure, litter, and/or process wastewater from the production area or land application area(s) under the ownership or operational control of the Discharger (except agricultural stormwater discharges). Attach additional sheets, if needed.

Date <sup>a</sup>	Time <sup>b</sup>	Duration <sup>c</sup>	Location <sup>d</sup>	Description <sup>e</sup>	Volume <sup>f</sup>

<sup>a</sup> **Date:** The date of the discharge. If the discharge was detected after it happened, give an estimate of the date when the discharge occurred.

<sup>b</sup> **Time:** The time of the discharge. If the discharge was detected after it happened, give an estimate of the time when the discharge occurred.

<sup>c</sup> **Duration:** The duration of the discharge.

<sup>d</sup> **Location:** The location of the discharge to waters of the U.S. Be specific. Include the name of the water body, and a specific description of where the manure, litter, or process wastewater entered the water body. Include landmarks or other points of reference (e.g., Three Mile Creek, at southeast corner of feedlot where creek bends to the west).

<sup>e</sup> **Description:** Provide other relevant information about the discharge, including the source, cause, composition (e.g., emergency overflow of process wastewater from lagoon #2), and impacts observed (e.g., fish kill in waterbody).

f **Volume:** Give an estimate of the number of gallons or tons of manure, litter, or process wastewater discharged

Provide analytical results from each discharge of manure, compost, litter, and/or process wastewater that occurred during the reporting period. Attach additional sheets, if needed.

Parameter	Units	Result	Method Detection Level (MDL)
Volume	Gallons or Acre-Inches		
Nitrate-Nitrogen	mg/L		
Total Kjeldahl Nitrogen	mg/L		
Phosphorus, Total	mg/L		
Dissolved Oxygen	mg/L		
Total Dissolved Solids	mg/L		
Total Suspended Solids	mg/L		
E. coli	MPN/100 ml		
Fecal Coliform	MPN/100 ml		
Enterococcus <sup>1</sup>	MPN/100 ml		

<sup>1</sup> For discharges to the New River

Provide analytical results from the receiving water for each discharge of manure, compost, litter, and/or process wastewater that occurred during the reporting period. Attach additional sheets, if needed.

**Upstream (monitoring location RSW-001)**

Describe monitoring location:

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Parameter	Units	Result	Method Detection Level (MDL)
pH	Standard Units		
Temperature	°F		
Dissolved Oxygen	mg/L		
Nitrate-Nitrogen	mg/L		
Total Kjeldahl Nitrogen	mg/L		
Phosphorus, Total (as P)	mg/L		
Total Dissolved Solids	mg/L		
Total Suspended Solids	mg/L		
E. coli	MPN/100 mL		
Fecal Coliform	MPN/100 mL		
Enterococcus <sup>1</sup>	MPN/100 mL		

<sup>1</sup> For discharges to the New River

**Downstream (monitoring location RSW-002)**

Describe monitoring location: \_\_\_\_\_

Parameter	Units	Result	Method Detection Level (MDL)
pH	Standard Units		
Temperature	°F		
Dissolved Oxygen	mg/L		
Nitrate-Nitrogen	mg/L		
Total Kjeldahl Nitrogen	mg/L		
Phosphorus, Total (as P)	mg/L		
Total Dissolved Solids	mg/L		
Total Suspended Solids	mg/L		
E. coli	MPN/100 mL		
Fecal Coliform	MPN/100 mL		
Enterococcus1	MPN/100 mL		

1. For discharges to the New River

**If you have a discharge from the composting operations:**

1. Keep a record of the approximate date, time, duration, location, description, and volume of the discharge.
2. Conduct discharge monitoring as described in the MRP (Sections IV.A and IX.F)
3. Submit this form to the Colorado River Basin Water Board within 5 days of the discharge, as required by Section XI.D of the Monitoring and Reporting Program.

Provide analytical results from each discharge of stormwater from composting operations. Attach additional sheets, if needed.

Parameter	Units	Result	Method Detection Level (MDL)
Total Suspended Solids	mg/L		
pH	pH units		
Specific Conductance	µmhos/cm		
Total Organic Carbon <sup>1</sup>	mg/L		
Iron <sup>2</sup>	mg/L		
Nitrate+Nitrite Nitrogen <sup>2</sup>	mg/L		
Lead <sup>2</sup>	µg/L		
Zinc <sup>2</sup>	µg/L		
Phosphorus, Total <sup>2</sup>	mg/L		

<sup>1</sup> Oil and grease may be substituted for total organic carbon.

<sup>2</sup> Additional analytical parameters required under State Water Board Industrial Stormwater Permit (NPDES CAS000001) for activities only under SIC 287X.



**Attachment K – NOI Form**

**Notice of Intent (NOI) To Comply with the Terms of the Board Order R7-2021-0029  
Permit to Discharge Wastes  
Associated with Concentrated Animal Feeding Operations (CAFOs)  
(NPDES No. CAG017001)**

**I. PERMITTEE** (*Person/Agency Responsible for Discharge*):

Owner/Operator Name: \_\_\_\_\_

Location: \_\_\_\_\_  
*Street City State ZIP*

Contact Person: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

**II. FACILITY** (*Physical Address*):

Location: \_\_\_\_\_  
*Street City State ZIP*

Contact Person: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

**III. 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 \_\_\_\_\_

**IV. ANIMAL POPULATION** (*specify number*):

Dairy Cows: \_\_\_\_\_ Cattle: \_\_\_\_\_ Swine: \_\_\_\_\_

Poultry: \_\_\_\_\_ Veal Calves: \_\_\_\_\_ Other (*specify type*): \_\_\_\_\_

**V. MANURE, LITTER AND/OR WASTEWATER PRODUCTION AND USE:**

How much manure, litter, and wastewater are 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 will be transferred annually to other  
persons? \_\_\_\_\_ tons/gallons

**VI. TYPE OF CONTAINMENT AND CAPACITY:**

Holding Ponds (gallons) \_\_\_\_\_ Evaporation Ponds \_\_\_\_\_ (gallons)

Lagoons (gallons) \_\_\_\_\_ Others (specify) \_\_\_\_\_ (gallons)

**VII. 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 \_\_\_  
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 \_\_\_

**VIII. NUTRIENT MANAGEMENT (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 \_\_\_\_\_

**IX. ENGINEERING 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 \_\_\_\_\_

**X. CERTIFICATION:**

I certify under penalty of law that this document and all attachments were prepared under my direct 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 this 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: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name:  
\_\_\_\_\_

Send the completed Notice of Intent to the Colorado River Basin Water Board