



**FORM FOR DOCUMENTING BACKFLOW PREVENTION
FOR EXISTING MILK COW DAIRIES UNDER
WASTE DISCHARGE REQUIREMENTS
GENERAL ORDER NO. R5-2007-0035**



CDQAP – WDR General
Order Reference Binder
TAB 6.7, Version 2-29-08

This form consists of six parts and can be used to document compliance with the requirements in Waste Discharge Requirements General Order No. R5-2007-0035 for owners/operators of existing milk cow dairies (Dischargers) to:

1. Identify cross-connections that would allow the backflow of wastewater into a water supply well, irrigation well, or surface water as identified on the dairy's Site Map;
2. Propose and schedule corrective action to prevent backflow of wastewater into a water supply well, irrigation well, or surface water as identified on the dairy's Site Map; and/or
3. Document there are no cross-connections that would allow the backflow of wastewater into a water supply well, irrigation well, or surface water as identified on the dairy's Site Map.

The Discharger must complete this form except for Parts IV and V, which are to be completed by a trained professional¹. Both the owner and the operator of the dairy must sign the certification statement in Part VI. Additional sheets may be attached as necessary to complete Parts I, II, and III.

A Site Map must be attached to this form that shows all water supply wells, irrigation wells, and surface water bodies in the dairy's Production Area and all Land Application Areas that are under the Discharger's control. The Site Map must also show all wastewater conveyance structures, wastewater discharge points to surface water, and where wastewater is mixed/blended with fresh irrigation water in these areas. Each of these locations must be identified by a name or number and listed in Part II below. Completion of Part II will identify how backflow can or does occur at each location and any current backflow preventive measures.

PART I: DAIRY FACILITY INFORMATION

A. Name of Dairy or Business Operating the Dairy: _____

Physical address of Dairy:

| | | | |
|-------------------|-------|--------|----------|
| _____ | _____ | _____ | _____ |
| Number and Street | City | County | Zip Code |

B. Operator Name: _____ Telephone No: _____

Operator mailing address:

| | | | |
|-------------------|-------|--------|----------|
| _____ | _____ | _____ | _____ |
| Number and Street | City | County | Zip Code |

C. Owner Name: _____ Telephone No: _____

Owner Mailing Address:

| | | | |
|-------------------|-------|--------|----------|
| _____ | _____ | _____ | _____ |
| Number and Street | City | County | Zip Code |

¹ A trained professional could be a person certified by the American Backflow Prevention Association, an inspector for a state or local governmental agency who has experience and/or training in backflow prevention, or a consultant with such experience and/or training.



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PART III: PROPOSED BACKFLOW CORRECTIVE ACTIONS AND SCHEDULE (due by 1 July 2008)

For each location identified in Part II above where there is currently no backflow prevention, the table below identifies:

- a. The method proposed to be implemented that will prevent backflow, and
- b. A schedule to install the preventive measure.

If there are no current or potential backflow problems identified in Part II above, this Part does not need to be completed.

| Location With No Current Backflow Prevention | Proposed Backflow Prevention Method | Schedule to Install Proposed Backflow Prevention Method |
|--|-------------------------------------|---|
| | | |
| | | |
| | | |
| | | |
| | | |

PART IV: DOCUMENTATION OF EXISTING BACKFLOW CONDITIONS AND PROPOSED BACKFLOW PREVENTION METHODS (due by 1 July 2008)

As a trained professional in backflow prevention, I certify that, based on the information provided to me by the Discharger named above and my personal examination of the wastewater system, the above information in Part II above is true, accurate, and complete and the proposed backflow prevention method in Part III above will be effective to prevent the backflow of wastewater into a water supply well, irrigation well, or surface water at the dairy named in Part I above.

QUALIFICATIONS OF TRAINED PROFESSIONAL (EDUCATION AND/OR EXPERIENCE)

SIGNATURE OF TRAINED PROFESSIONAL DATE

PRINT OR TYPE NAME



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**PART V: DOCUMENTATION THAT THERE ARE NO CROSS-CONNECTIONS THAT
WOULD ALLOW THE BACKFLOW OF WASTEWATER INTO A WATER SUPPLY WELL,
IRRIGATION WELL, OR SURFACE WATER (due by 1 July 2009)**

As a trained professional in backflow prevention, I certify that, based on the information provided to me by the Discharger named in Part I above and my personal examination of the wastewater system, that the backflow prevention methods proposed in Part III above (if any) have been completed, and/or there are currently no cross-connections that would allow the backflow of wastewater into a water supply well, irrigation well, or surface water at the dairy named in Part I above.

QUALIFICATIONS OF TRAINED PROFESSIONAL (EDUCATION AND/OR EXPERIENCE)

SIGNATURE OF TRAINED PROFESSIONAL DATE

PRINT OR TYPE NAME

PART VI: OWNER AND/OR OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE OF OWNER SIGNATURE OF OPERATOR

PRINT OR TYPE NAME PRINT OR TYPE NAME

DATE DATE