



**CERTIFICATION STATEMENTS FOR EXISTING DAIRIES
WITHIN THE SAN FRANCISCO BAY REGION UNDER
CONDITIONAL WAIVER OF WASTE DISCHARGE REQUIREMENTS
GENERAL ORDER NO. R2-2015-0031**

The Conditional Waiver of Waste Discharge Requirements General Order No. R2-2015-0031 for Existing Dairies (WDR) requires owners and operators of existing dairies (Dischargers) to develop and implement a Nutrient Management Plan (NMP). The Discharger is required to maintain the NMP at the dairy and make it available to San Francisco Bay Water Board staff during their inspections.

The WDR requires the Discharger to submit a Certification of Completion by November 30, 2019 for the NMP. The Discharger may use this form to comply with the WDR requirement to submit a Certification of Completion. Both the owner and operator of the dairy must sign this form in Part IV below.

PART I: DAIRY FACILITY INFORMATION

Name of Dairy Facility: _____

Physical Address of Dairy Facility:

Number and Street	City	County	Zip Code
Assessor's Parcel Number, and Township, Range, Section(s), and Baseline Meridian of the property where the CAF is located:			

Name of Operator: _____ Phone Number: _____

Operator Mailing Address:

Number and Street	City	County	Zip Code
Name of Owner: _____ Phone Number: _____			
Owner Mailing Address:			

Number and Street	City	County	Zip Code
Contact Person: _____ Phone Number: _____			
Owner Mailing Address:			

Number and Street	City	County	Zip Code
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Description of activities and operations on the facility:

Type of animals: _____

Maximum animal population categories as listed in NOI:

Where and how animals are housed and/or confined: _____

Type of waste containment facilities used: _____

Other onsite food processing operations: _____

PART II: NUTRIENT MANAGEMENT PLAN CERTIFICATION OF COMPLETION DUE 30 November 2019

I have completed the following items of the Nutrient Management Plan (check the boxes of completed sections):

- Contents of NMP C.1.** Contact Information. Name, mailing address, and phone number of the owner, the operator (if different), and any specialist who participated in the development of the NMP.
- Contents of NMP C.2.** Specific dates. The date that the NMP was completed and documentation of subsequent updates.
- Contents of NMP C.3.** Maps. USGS quadrangle maps or equivalent showing the location of the facility and all areas under the Discharger's control, whether owned, rented, or leased, to which manure or process water may be applied.
- Contents of NMP C.4.** Nutrient Budget Calculations. Include all calculations showing all sources of nutrients used by the facility and demonstrating that nutrients are applied at rates that are protective of water quality.
- Contents of NMP C.5.** Land application practices and water quality protection. Describe methods by which manure and process water are applied to land application areas and describe the BMPs that are implemented to protect surface water and groundwater.
- Contents of NMP C.6.** Sampling and analysis program. Describe the associated sampling program including sampling locations, sampling frequency, and sample collection and preservation procedures.
- I participated in CDQAP workshops.**

PART III: CERTIFICATION STATEMENT

I certify under penalty of law that I have completed the items of the Grazing and Waste Management Plans that are checked in Parts II and/or III above for the dairy identified in Part I. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this report, sampling data, 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