CDQAP - WDR General Order Reference Binder Tab 6.24, April 2011

CERTIFICATION OF COMPLETION FORM
FOR NUTRIENT MANAGEMENT PLANMODIFICATIONS
FOR EXISTING MILK COW DAIRIES UNDER
WASTE DISCHARGE REQUIREMENTS

Waste Discharge Requirements General Order No. R5-2007-0035 for Existing Milk Cow Dairies (General Order) requires owners and operators of existing milk cow dairies to certify completion of retrofitting and modifications proposed and completed during the development process of the Nutrient Management Plan to improve nitrogen balance.

Dairy operators/owners may use this form to comply with the General Order requirement to submit these completion certifications. Part II completions must be signed by a Certified Nutrient Management Specialist. If no modifications were needed/proposed in the 2009 retrofit proposal submittal, then the "no improvements were proposed" box should be checked. Both the owner and operator of the dairy must sign this form in Part III below.

PART I: DAIRY FACILITY INFORMATION

Name of Dairy Facility:_____

Physical Address of Dairy Facility:

Number and Street	City	County	Zip Code

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

PART II: NUTRIENT MANAGEMENT PLAN - Completion of retrofitting proposed (July 1, 2009) to improve nitrogen balance.

Check the appropriate box. If improvements were proposed, supply information and certification statements as needed.

☐ No improvements were proposed. No additional information or signatures needed.

☐ Retrofits needed to meet nitrogen balance requirements have been completed as proposed. Specific retrofits completed are listed below. Certification signature is required by a Certified Nutrient Management Specialist.

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NUTRIENT MANAGEMENT SPECIALIST CERTIFICATION STATEMENT

I certify that retrofits proposed to meet the nitrogen balance requirements listed above have been completed.

Signature of Certified Nutrient Management Specialist | Title / License Number

Printed Name | Date

☐ Retrofits needed to meet nitrogen balance requirements have NOT been completed as proposed. Additional information and a modified completion schedule supplied below.

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PART III: OWNER/OPERATOR CERTIFICATION STATEMENT

I certify under penalty of law that all information submitted as part of this document is accurate and true. Certification signatures by a Nutrient Management Specialist have been supplied as needed in Part II. I have personally examined and am familiar with the information submitted in Parts I and II of 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