### ATTACHMENT C – NOTICE OF INTENT FOR INDIVIDUAL COMPLIANCE PROGRAM

#### TO COMPLY WITH ORDER R7-2013-0002 CONDITIONAL WAIVER OF WASTE DISCHARGE REQUIREMENTS FOR DISCHARGES FROM IRRIGATED LANDS WITHIN THE BARD UNIT OF THE RESERVATION DIVISION

1. TYPE OF DISCHARGE				
Agricultural Wastewater Discharge	Drain Maintenance Discharge			
Farm greater than 5 acres, but less than 100 acres	Name of Drain(s):			
Farm greater than 100 acres, but less than 200 acres				
Farm greater than 200 acres				
Other:				

2. REASON(S) FOR FILING			
Seeking Coverage for Existing Discharge	Changes in Ownership/Operator		
Seeking Coverage for New Discharge	Other:		
Expansion			

3. IRRIGATED LAND INFORMATION <sup>1</sup>				
Owner:		Mailing	Address:	
City/Locale:	County:	State:	Zip:	Telephone Number:
Grower/Operator:		Mailing	Address:	
City/Locale:	County:	State:	Zip:	Telephone Number:

<sup>&</sup>lt;sup>1</sup> A NOI is required for each farm parcel that has a unique Bard Water District parcel number or canal and gate numbers.

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3. IRRIGATED LAND INFORMATION <sup>1</sup>		
Type of Irrigated Land		
Row Crops	Irrigated Pasture	
Orchard	Other (please describe):	
Source(s) of Water Supply:		

# 4. ADDITIONAL INFORMATION

Assessor's Parcel Number:

Use the space below, or attach additional sheets, to explain any response that needs clarification:

## **5. CERTIFICATION**

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 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 for knowing violations.

Print Name:	Title:
Signature:	Date: