

# California Regional Water Quality Control Board

## San Diego Region

Over 50 Years Serving San Diego, Orange, and Riverside Counties
Recipient of the 2004 Environmental Award for Outstanding Achievement from USEPA



9174 Sky Park Court, Suite 100, San Diego, California 92123-4353 (858) 467-2952 • Fax (858) 571-6972 http://www.waterboards.ca.gov/sandiego

Supporting Document No. 1

September 23, 2008

**CERTIFIED MAIL - RETURN RECEIPT REQUESTED** 

7006 2760 0000 1615 7103

Robert Van Ommering 14950 El Monte Road Lakeside, CA 92040

In reply refer to:

CRU: 9 000000196: MMATA

Dear Mr. Van Ommering:

SUBJECT: TENTATIVE ORDER NO. R9-2008-0124; AN ORDER RESCINDING

ORDER NO. R9-2004-0065, NPDES NO. CA0109207, WASTE DISCHARGE REQUIREMENTS FOR VAN OMMERING DAIRY, SAN

**DIEGO COUNTY** 

The federal court of appeals recently made a ruling that appears to exempt your dairy operation from the need to be regulated under NPDES permit. Enclosed is a copy of Tentative Order No. R9-2008-0124 which if adopted by the Regional Board would rescind NPDES permit requirements for your dairy operation as contained in Order No. R9-2004-0065, NPDES No. CA0109207 consistent with the recent court ruling. Regional Board staff wishes to present Tentative Order No. R9-2008-0124 to the Regional Board for their consideration and adoption at their regularly scheduled meeting on November 12, 2008. This proposed action is based on our understanding that there is no discharge of pollutants to surface waters from your dairy operation

#### **BACKGROUND**

In 2003, the United States Environmental Protection Agency (USEPA) published revisions to its Clean Water Act regulations governing waste discharges to surface waters from concentrated animal feeding operations (CAFOs). Pursuant to these regulations your dairy operation was classified as a concentrated animal feeding operation (CAFO) and you were required to apply for and comply with a National Pollutant Discharge Elimination System (NPDES) permit. The US Court of Appeals, Second Circuit recently issued a ruling providing that only a person who "discharges or proposes to discharge pollutants" to waters of the United States (i.e. surface waters) needs to apply for and comply with an NPDES permit. Our review of this ruling indicates that your dairy operation may no longer be subject to the need for regulation under NPDES permit because we understand that there is no waste discharge to surface waters from your dairy operation.

California Environmental Protection Agency



Waste discharges associated with your dairy operation still have the potential to affect the quality of the waters (i.e. ground water) of the State. Pursuant to Division 7 of the California Water Code the Regional Board will be considering regulating your dairy operation under state waste discharge requirements (WDRs) or a conditional waiver of WDRs as a separate action in the near future following the rescission of your NPDES permit, Order No. R9-2004-0065, NPDES No. CA0109207. We will provide you with further details of the Board's plans in this regard under separate cover in the near future.

There are some significant advantages to you transferring regulation of your dairy from NPDES permit to state waste discharge requirements or waiver. Advantages to obtaining WDRs include a reduction in the number of applications you will need to submit (NPDES permits expire every 5 years and require reapplication where waste discharge requirements do not expire), reduced monitoring requirements, and no comprehensive detailed nutrient management plan (as required by USEPA).

#### NO POTENTIAL TO DISCHARGE TO SURFACE WATERS CERTIFICATION FORM

If you wish the Regional Board to consider rescission of your NPDES permit at the November 12, 2008 meeting you must first complete the enclosed *No Potential to Discharge to Surface Water Determination Request* form and submit it to the Regional Board for review. Your completion and submittal of this form will be used to confirm our understanding that there is no waste discharge to surface waters from your dairy operation. Please complete and submit the form to Michelle Mata, Water Resource Control Engineer at the letterhead address as soon as possible and no later than **October 29, 2008**.

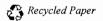
### **NOVEMBER 12, 2008 BOARD MEETING**

The November 12, 2008 Board meeting will begin promptly at 9:00 a.m. and will be held at the following location:

Water Quality Control Board Regional Board Meeting Room 9174 Sky Park Court San Diego, California

Please review and comment on the tentative order at your earliest convenience. It is recommended that written comments be submitted as soon as possible to enable staff to amend the tentative order, if necessary, and allow changes to the tentative order to be fully reviewed by the Regional Board and interested parties. To ensure that the Regional Board has the opportunity to fully study and consider written material, comments should be received by the Regional Board no later than 5:00 p.m. on October 22, 2008. The final deadline for submittal of written comments, however, is

California Environmental Protection Agency



**October 29, 2008.** Per Regional Board direction, written material submitted to the Regional Board office after the submittal deadline date <u>will not</u> be provided to the Regional Board. Also, it is not likely that written material will be accepted by the Regional Board on the day of the meeting.

The heading portion of this letter includes a Regional Board code number noted after "In reply refer to:" In order to assist us in the processing of your correspondence, please include this code number in the heading or subject line portion of all correspondence and reports to the Regional Board pertaining to this matter.

If you have any questions or comments, please contact Michelle Mata at (858) 467-2981 or via email at <a href="mailto:mmata@waterboards.ca.gov">mmata@waterboards.ca.gov</a>.

Respectfully,

David T. Barker

Supervising Engineer

Dand T Bohen

DTB:bdk:mm

Enclosures: 1) No Potential to Discharge to Surface Water Determination Request form

2) Tentative Order No. R9-2008-0124

CC:

Kate Rao, USEPA Region 9 (via email)

California Environmental Protection Agency

| I. OWNER/OPERATOR II                                                                   | NFORMATION                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. CONTACT INFORMAT                                                                    | ION                                                                                                             | B. FACILITY STATUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Owner/or                                                                               |                                                                                                                 | Check one:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Operator Name: Robert Van Ommering                                                     |                                                                                                                 | □ 1. Existing Facility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Address 14950 El Monte R                                                               | Road                                                                                                            | ☐ 2. Proposed Facility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                        |                                                                                                                 | THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE |
| State: CA                                                                              |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Telephone: (619) 443-64                                                                |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Facsimile: ()                                                                          |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| II. FACILITY INFORMAT                                                                  | TION                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| A. GENERAL INFORMATI                                                                   | ION                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name: Van Ommering Dairy Telephone: ()                                                 |                                                                                                                 | ()                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Address: 14950 El Monte R                                                              | Road Facsimile: (                                                                                               | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| City: <u>Lakeside</u>                                                                  | State: <u>CA</u>                                                                                                | Zip Code <u>: 92040</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| County: San Diego                                                                      |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| If yes, explain the ci                                                                 | a discharge at this operation?   No  ircumstances of the discharge and the actions ill occur at this operation. | s that have been taken to ensure that no                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Complete the following                                                                 | g table to show the maximum number of each ement structure used for each (e.g., open feed                       | llot, under roof, etc.).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Complete the following                                                                 |                                                                                                                 | llot, under roof, etc.).  Type of Confinement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Complete the following and the type of confine                                         | ement structure used for each (e.g., open feed                                                                  | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Complete the following and the type of confine  Type  Mature Dairy Cows                | ement structure used for each (e.g., open feed                                                                  | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Complete the following and the type of confine  Type  Mature Dairy Cows  Dairy Heifers | ement structure used for each (e.g., open feed                                                                  | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| and the type of confine                                                                | ement structure used for each (e.g., open feed                                                                  | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

# NO POTENTIAL TO DISCHARGE TO SUFACE WATER DETERMINATION REQUEST