

LETTER OF INTENT

Regional Water Quality Control Board,
Central Valley Region
1685 "E" Street
Fresno, CA 93706

*[NOTE: Do not mail this letter directly to the
Regional Water Quality Control Board. Mail
this letter to CVDRMP, P.O. Box 227
Sacramento, CA 95812]*

SUBJECT: Letter of Intent to Participate in Representative Monitoring Program for Confined Bovine Feeding Operations in the Central Valley

To Whom It May Concern:

I, (print name of bovine facility or landowner) _____ have applied to join the Central Valley Dairy Representative Monitoring Program (CVDRMP) as of the date of the signature(s) on this letter. I am voluntarily joining this program to meet the groundwater monitoring requirements of *Monitoring and Reporting Program R5-2017-0058 (Attachment A)*. In joining the CVDRMP, I have reviewed and executed the membership agreement and am fully aware of my obligations and responsibilities associated with such membership.

I understand that I am still responsible and liable for individual compliance with the terms of the Waste Discharge Requirements General Order for Confined Bovine Feeding Operations, R5-2017-0058, (General Order), and that, at any time, the Executive Officer of the Central Valley Regional Water Quality Control Board (Regional Water Board) can issue to me a notice pursuant to section 13267 of the Water Code that requires implementation of an individual monitoring and reporting program to meet the requirements in Attachment A. The Regional Water Board may determine that such an order is necessary, for example, if violations of the General Order are documented and/or my bovine facility is found to be in an area where site conditions and characteristics pose a high risk to groundwater quality.

I also understand that following approval of a Summary Representative Monitoring Report (SRMR), which is to be submitted to the Regional Water Board by CVDRMP no later April 1, 2026, I must submit Annual Implementation Reports to the Regional Board as part of my Annual Reports due every July 1. I understand that in my first Annual Implementation Report, following approval of the SRMR, I must identify alternative management practices, if any, that I intend to implement at my Confined Bovine Feeding Operation along with a schedule for implementation. I also understand that with each subsequent Annual Implementation Report, I must provide an update on implementation of additional or alternative management practices.

I also understand that if my bovine facility is directly monitored by CVDRMP and management practices being implemented are considered not to be protective of groundwater quality, based on data collected by the CVDRMP and an assessment of that data, that the Regional Water Board may issue an order to me that requires identification and implementation of management practices that are protective of groundwater quality prior to submittal of the SRMR.

I also understand that failure to comply with the Representative Monitoring Program terms in Attachment A may result in termination from membership in the CVDRMP, which may be subject to enforcement by the Regional Water Board. Failure to comply with the Representative Monitoring

Program terms in Attachment A may also result in an order by the Regional Water Board's Executive Officer that would require me to implement individual groundwater monitoring and to install monitoring wells to comply with Attachment A.

If at any time I decide to voluntarily withdraw my participation in the CVDRMP, I understand that I must provide notification of this decision to the Executive Officer of the Regional Water Board and to the administrator of the CVDRMP. I also understand that such an action will result in my bovine facility being subject to the individual groundwater monitoring requirements in Attachment A, which means that my bovine facility will be subject to such monitoring requirements in the order as determined necessary and appropriate by the Executive Officer of the Regional Water Board.

Sincerely,

(Print name of Bovine Facility Operator¹): _____

Signature of Bovine Facility Operator: _____

Date signed: _____

Print name of Bovine Facility Landowner (or write "same" if same person as Facility Operator):

Signature of Bovine Facility Landowner _____

Date signed: _____

Facility Name: _____

Facility Physical Address (where confined feeding operation is located):

Mailing/Billing Address for Operator (if different than Facility Physical Address):

Mailing/Billing Address for Landowner (if different than Mailing/Billing Address for Operator):

¹ "Operator" is the person who has authority to sign on behalf of the business entity that is raising cattle at the facility location. "Landowner" is the person who has authority to sign on behalf of the business entity that owns the land on which the cattle facility is located (e.g. barns, corrals, etc.). If "Operator" and "Landowner" are not the same person, BOTH must sign this Letter of Intent. If the same person, please sign both lines or write the word "same" on the unsigned line.