

**ATTACHMENT J – ANNUAL SELF-ASSESSMENT REPORT**

Order No. R9-2016-0004, General Waste Discharge Requirements for Discharges from Commercial Agricultural Operations for Dischargers that are Members of a Third-Party Group in the San Diego Region

**FOR YEAR ENDING:** \_\_\_\_\_

**PART A - FACILITY INFORMATION:**

|                                     |   |      |
|-------------------------------------|---|------|
| Name:                               |   |      |
| Address:                            | City:                                   | Zip: |
| Contact Person:                     | No. of Irrigated + Non-Irrigated Acres: |      |
| Telephone:                          | Email:                                  |      |
| Name of Third-Party Group:          |   |      |
| Assessor Parcel Number(s):          |   |      |
| Type of crops grown on each parcel: |   |      |

**PART B - PROPERTY OWNER**

|                  |        |        |
|------------------|--------|--------|
| Name:            |        |        |
| Mailing Address: |        |        |
| City:            | State: | Zip:   |
| Telephone:       | Fax:   | Email: |

**PART C - AGRICULTURAL OPERATION OWNER**

|                  |        |        |
|------------------|--------|--------|
| Name:            |        |        |
| Mailing Address: |        |        |
| City:            | State: | Zip:   |
| Telephone:       | Fax:   | Email: |

**PART D - AGRICULTURAL OPERATION - OPERATOR INFORMATION**

|                  |        |        |
|------------------|--------|--------|
| Name:            |        |        |
| Mailing Address: |        |        |
| City:            | State: | Zip:   |
| County           | State: | Zip:   |
| Telephone:       | Fax:   | Email: |

**PART E - EDUCATIONAL REQUIREMENT SPECIFICATIONS**

Name of Organization providing Water Quality Training: \_\_\_\_\_

Name of Individual taking Water Quality Training: \_\_\_\_\_

Owner  Operator  Other: \_\_\_\_\_

Date annual water quality management training completed: \_\_\_\_\_

Include copy of certification of completion.

**PART F - QUARTERLY SELF-INSPECTIONS**

Inspections were conducted on the following dates: Include copies of Inspection Reports \_\_\_\_\_

**PART G – WATER QUALITY PROTECTION PLAN AMENDMENTS**

Were amendments made to the Water Quality Protection Plan?  Yes  No. If yes, attach copy.

**PART H - RECORDS MANAGEMENT**

*Identify whether the following records are being maintained for the Agricultural Operation and are capable of being reviewed during an inspection by the San Diego Water Board. For any record marked “No” or “n/a”, provide, as an attachment, a brief explanation/justification.*

|  |   |
|--|---|
| Pesticide use report .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| City/County agricultural inspection reports.....                               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| National Organic Program certification inspection reports (if applicable)..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Self-Inspection Forms .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Groundwater quality monitoring data (well data, if applicable).....            | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

**PART I - INCIDENTS OF NONCOMPLIANCE**

Provide a listing of each incident of noncompliance during the annual monitoring period and, for each incident of noncompliance, provide the cause, the exact dates of non-compliance, and if the noncompliance has not been corrected, the steps taken or planned to reduce, eliminate, and prevent reoccurrence of the noncompliance. Incidents of noncompliance include, but are not limited to 1) failure to pay annual WDR fees (Order No. R9 2016-0004, section III.J), 2) failure to comply with waste discharge prohibitions (Order No. R9 2016-0004, section IV), 3) failure to comply with waste discharge specifications (Order No. R9 2016-0004, section V), 4) failure to obtain the required two-hours of yearly water quality education (Order No. R9 2016-0004 section VII.B), 5) failure to conduct Quarterly Self-Inspection (Order No. R9 2016-0004 section VII.D), 6) a single monitoring result that exceeds either the narrative or numeric water quality objective for a Water Quality Benchmark (Order No. R9 2016-0004, section VI and MRP section VII), 7) the exceedance of a Water Quality Benchmark that triggers the development of a Water Quality Restoration Plan (WQRP), and 8) failure to submit and implement a WQRP (Order No. R9 2016-0004 section VIII.B and MRP section VII).

**PART J - 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.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_