

ATTACHMENT I – QUARTERLY SELF-INSPECTION 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

AGRICULTURAL OPERATION INFORMATION

Name of Agricultural Operation:		
Address:	City:	Zip:
APN:		
Name of Third-Party Group:		
Owner/Operator:	Phone No.:	
Address:	City:	Zip:

INSPECTION INFORMATION

Inspection Conducted by:	Phone No:
Inspection Date:	Inspection Time: Was it Raining?:

OBSERVATIONS – Attach photographs to form

Irrigation System Inspection Items	Yes	No	NA	Comments
Was irrigation system inspected?				
Was system operating when inspected?				
Were photos taken? (if yes please attach the photos)				
Were leaks/overspray observed?				
Does irrigation runoff remain on the property?				
Were repairs to irrigation system made?				
Other observations?				

Structural Management Practices	Yes	No	NA	Comments
Were management practices used to control runoff and erosion on the property inspected?				
Photos taken (if yes attach)?				
Does irrigation, non-storm water, and storm water runoff remain on the property?				
Are the management practices used to protect compost piles from oversaturation and leachate production in good operating condition?				
Is a 100 foot buffer between compost piles and waterbodies maintained?				
Was erosion observed on roadways?				
Are management practices implemented for proper handling, storage, disposal and management of pesticides, fertilizer, and other chemicals?				
Are pesticides, herbicides and fertilizers shall be applied in accordance with the manufacturer's label?				
Were repairs made?				
Other observations?				

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: _____