

ATTACHMENT D – NOTICE OF NON-APPLICABILITY

California Regional Water Quality Control Board San Francisco Bay Region

TO COMPLY WITH THE TERMS OF ORDER No. R2-2025-00XX

CONDITIONAL WAIVER OF WASTE DISCHARGE REQUIREMENTS FOR GRAZING OPERATIONS IN THE NORTH SAN FRANCISCO BAY REGION (NAPA RIVER, SONOMA CREEK, PETALUMA RIVER, AND TOMALES BAY WATERSHEDS, AND ALL GRAZING OPERATIONS IN POINT REYES NATIONAL SEASHORE)

Section I. Instructions

Submission of this Notice of Non-Applicability (NONA) constitutes notice by the landowner/operator of the Grazing Operation identified on this form that the facility should not be required to comply with Water Board Order No. R2-2025-00XX at this time. Only landowners/operators that are not filing a Notice of Intent (NOI) for coverage under the Conditional Waiver should file this form. If you are unsure whether your facility is required to comply with the Conditional Waiver, please contact the Water Board, San Francisco Bay Region, at (510) 622-2410 or via email at R2GrazingWaiver@waterboards.ca.gov.

Note: If the information provided in this form is inaccurate or incomplete, or if the activity at the ranch facility is changed, this Notice may no longer apply. Further, the information provided shall in no way release the landowner/operator of the ranch facility from any liability that may result from noncompliance with the requirements of the Conditional Waiver, should they apply. The ongoing accuracy of the information provided may be subject to verification by inspection by Water Board staff.

Mail completed NONA to: San Francisco Bay Regional Water Quality Control Board; 1515 Clay Street, Suite 1400; Oakland, CA 94612, Attn: Grazing Waiver Program. Or email to: R2GrazingWaiver@waterboards.ca.gov.

Section II. Ranch Operator Information

Name:	Mailing Address:
City:	State:
Zip Code:	Name of Contact Person:
Contact Email:	Contact Phone:

Section III. Ranch Landowner Information (if operator is not the landowner)

Name:	Mailing Address:
City:	State:
Zip Code:	Name of Contact Person:
Contact Email:	Contact Phone:

Section IV. Ranch Information (Please fill out an additional sheet if ranch lands are not contiguous)

Facility Name:	Street Address:
City:	State:
Zip Code:	County:
Name of Contact Person:	Contact Email:
Contact Phone:	Facility County Assessor's Parcel Number(s):
Type of business conducted at the ranch facility:	

Section V. Basis of Non-Applicability

Complete one of the rows below to indicate the basis of non-applicability for your facility:

<input type="checkbox"/>	The ranch is not used for Grazing Operations. <i>For the purposes of the Conditional Waiver, the term 'Grazing Operations' will refer to those facilities where animals are fed or maintained on irrigated vegetation or rangeland forage for a total of 45 days or more in any 12-month period, and vegetation forage growth is sustained over the lot or facility during the normal growing season. A Grazing Operation includes auxiliary facilities such as roads, reservoirs, etc.</i>		
<input type="checkbox"/>	The ranch is not currently actively grazed. Date last used for active grazing (mm/dd/yy):		
<input type="checkbox"/>	The ranch is not located within the geographic area of the Conditional Waiver. Please provide a map showing the location of your ranch.		
<input type="checkbox"/>	The ranch was once used for grazing. The ranch is now closed, and all materials and waste associated with the business have been removed or cleaned up.		
	Date of closure (mm/dd/yy):	Date of completed cleanup (mm/dd/yy):	
<input type="checkbox"/>	There is a new landowner / operator of the identified ranch. I am no longer the responsible party for this facility. Provide information below. Date of landowner / operator transfer (mm/dd/yy): _____ Has the new landowner/operator been notified of Conditional Waiver requirements (Yes / No): _____ New Landowner/Operator Information:		
	Name:	Mailing Address:	
	City:	State:	Zip Code:
	Email:	Phone:	

<input type="checkbox"/>	I am not and have never been the landowner/operator of the identified ranch facility. Landowner/Operator Information (if known):		
	Name:		Mailing Address:
	City:	State:	Zip Code:
	Email:		Phone:
<input type="checkbox"/>	The ranch is subject to another general or individual permit issued by the Water Board. If so, indicate the type of permit, and permit number. Permit or Order Number:		
<input type="checkbox"/>	The number of animals within this facility's Grazing Operation is small in relation to its size and poses no potential for adverse water quality impacts.		

Section VI. Explanation of Basis of Non-Applicability

Please include an explanation to support the appropriate category checked in Section V above. A thorough and complete explanation will streamline the review process relative to any requirements of the Conditional Waiver. Attach additional documentation if necessary.

Section VII. Certification

"I certify under penalty of law that the identified ranch does not require coverage under Water Board Resolution No. R2-2025-00XX or that I am not the landowner/operator of the ranch. I understand that the submittal of this Notice of Non-Applicability does not release a landowner/operator from liability for any violations of the California Water Code."

Landowner or Authorized Representative* Printed Name:	Title:
Email:	Telephone Number:
Landowner or Authorized Representative Signature:	Date:

* A duly authorized person designated by the Landowner as having legal responsibility for the overall operation of the regulated facility. The authorized representative may be the ranch operator or operator's duly authorized designee.

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