

## Limited Time Bovine Annual Report Cover Sheet

**Use this guide to help you complete your Annual Report If you are a Limited Time bovine operation.**

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If you are a Full Coverage bovine operation with cropland, and your cropland either:

1. Is not enrolled under the Irrigated Lands Regulatory Program (ILRP), OR
2. Is enrolled under the ILRP but bovine wastewater is applied to the cropland.

Use the **Full Coverage Bovine AR with Cropland** tool located at [R5BovineQuestions@waterboards.ca.gov](mailto:R5BovineQuestions@waterboards.ca.gov)

If you are a Full Coverage bovine operation but do not have cropland, or if your cropland is enrolled under the ILRP and only has manure or chemical fertilizers applied to it. Use the **Full Coverage Bovine AR** tool located at [R5BovineQuestions@waterboards.ca.gov](mailto:R5BovineQuestions@waterboards.ca.gov)

Please refer to your Notice of Applicability if you are not sure of the classification of your bovine operation (Full Coverage, Limited Time, or Limited Population).

**Limited Time Bovine Annual Report**  
**General Order No. R5-2017-0058**

Reporting Period: 01/01/  to 12/31/

**BOVINE FACILITY INFORMATION**

**A. NAME OF BOVINE FACILITY:**

**Physical address of bovine facility:**

<i>Number and Street</i>	<i>City</i>	<i>County</i>	<i>Zip Code</i>

Street and nearest cross street (if no address):

Date facility was placed in operation:

County Assessor Parcel Number(s) for bovine facility: (Multiple parcels **must** be separated by a comma)

**B. OPERATOR**

Operator Name:  Telephone no.:

*Landline* *Cellular*

<i>Mailing Address Number and Street</i>	<i>City</i>	<i>County</i>	<i>Zip Code</i>

**C. PROPERTY OWNERS**

Property owner name  Telephone no.:

*Landline* *Cellular*

<i>Mailing Address Number and Street</i>	<i>City</i>	<i>County</i>	<i>Zip Code</i>

Which party is responsible for paying permit fees?

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AVAILABLE NUTRIENTS

A. HERD INFORMATION

	Beef Cattle	Dry Cows	Bred Heifers (2 yr. and older)	Heifers (1 yr. to breeding)	Calves (3 mo.-1 yr. )	Calves (less than 3 mo.)
Number open confinement						
Number under roof						
Maximum number						
Average number						

Predominant breed:

B. NUTRIENT EXPORTS

Total manure exported: tons per reporting period (1 reporting period = 1 year)

How was the tonnage of exported manure determined?

If all of the manure was **not** exported. What was done with the non-exported manure?

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Was wastewater (liquid manure) exported from your property or sent to your ILRP cropland?

- ☐ Yes (see statement below)  
☐ No

Each time wastewater (liquid manure) is exported from facility or sent to your ILRP cropland a Wastewater Tracking Manifest (Attachment D) needs to be completed in full and attached to this Annual Report.

**C. MORTALITY MANAGEMENT**

Indicate how mortality is handled:

- ☐ Rendering Service, Indicate name of company used:   
☐ Other

If Other, provide a detailed description of the facility's mortality management practices:

**CERTIFICATION**

**A. OWNER AND/OR OPERATOR CERTIFICATION**

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry and those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

SIGNATURE OF OWNER OF FACILITY	SIGNATURE OF OPERATOR OF FACILITY
PRINT OR TYPE NAME	PRINT OR TYPE NAME
DATE	DATE

**ATTACHMENT D**  
**ORDER R5-2017-0058**  
**MANURE/ WASTERWATER TRACKING MANIFEST**  
**FOR**  
**CONFINED BOVINE FEEDING OPERATIONS**

Instructions:

- 1) Complete one manifest for each hauling event, for each destination. A hauling event may last for several days, as long as the manure is being hauled to the same destination.
- 2) If there are multiple destinations, **complete a separate form for each destination.**
- 3) The operator must obtain the signature of the hauler upon completion of each manure-hauling
- 4) The operator shall submit copies of manure/ wastewater tracking manifest(s) with the Annual Report for Confined Bovine Feeding Operations.
- 5) Manifests cannot be used when transferring manure or wastewater to cropland owned or controlled by the owner or operator of the Confined Bovine Feeding Operation as a substitute for preparing and implementing a Nutrient Management Plan for the cropland
- 6) Manifests are not needed to document the use of manure for bedding at the operation where the manure was generated.

**Operation Information:**

Name of Operator:

Name of Facility:

Facility Address:     
*Number and Street* *City* *Zip Code*

Contact Person:    
*Name* *Number*

**Manure/ Wastewater Hauler Information:**

Name of Hauling Company/ Person:

Address of Hauling Company/ Person:     
*Number and Street* *City* *Zip Code*

Contact Person:    
*Name* *Number*

Composting Facility / Broker / Farmer / Other (identify)  (please select one)

Contact Person: 

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A horizontal bar divided into three sections by vertical lines. The sections are labeled from left to right: "Number and Street", "City", and "Zip Code".

**Written Agreement**

Does the Operator have a written agreement (in compliance with Land Application Specification E.2 of Waste Discharge Requirements General Order R5-2017-0058) with any party that receives wastewater from the Operator for its own use? (please check one)

- ☐ Yes  
☐ No

**Certification:**

I declare under the penalty of law that I personally examined and am familiar with the information submitted in this document, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment for knowing violations.

Operator's Signature: \_\_\_\_\_

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

Hauler's Signature: \_\_\_\_\_

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