

New York State Department of Environmental Conservation

Division of Water

Bureau of Water Permits, 4th Floor

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Concentrated Animal Feeding Operation (CAFO) Annual Compliance Report

GENERAL PERMIT (GP-0-14-001) State Pollutant Discharge Elimination System (SPDES) Concentrated Animal Feeding Operations (CAFOs)

Every permitted CAFO facility must submit two (2) copies of this report to the Department for the calendar year by March 31st of each year, one (1) to the above address with an original signature and one (1) copy to the DEC Regional Water Engineer (Contact list attached). Electronic, incomplete, faxed and/or illegible forms will not be accepted. The permittee shall utilize this form to report all other instances of non-compliance with permit conditions not otherwise required to be reported through the Incident Report Form. A copy of the Incident Report form is required to be submitted with this Annual Report.

Pursuant to 6 NYCRR Part 750-1.22(a) the information submitted in this report is not confidential and will not be treated as such.

SECTION I: FACILITY INFORMATION

Report for Calendar Year: _____

DEC Authorization No: _____

DEC SPDES No: _____

Owner/Operator Name: _____

Facility Name: _____

SECTION II: TYPE AND NUMBER OF ANIMALS

Report the **ACTUAL MAXIMUM** number of each type of animal that were confined at this facility at any one time for the past year.

Type	Number in Confinement
Mature Dairy Cattle (milked or dry)	
Dairy Heifers	
Veal Calves	
Other Cattle	
Swine (55 lbs. or more)	
Swine (under 55 lbs.)	
Horses	
Sheep or Lambs	
Turkeys	
Chickens (broilers)	
Chickens (layers)	
Ducks	
Other (specify)	

SECTION III: MANURE, LITTER AND PROCESS WASTEWATER PRODUCTION

Report the estimated amount of manure, litter, and process wastewater that were generated at this facility in the 12-month period covered by this report. Can be reported separately or in combination if indicated as such.

- Amount of manure generated in the 12-month period covered by this report _____ (gallons)
- Amount of litter, dry or packed manure (not accounted for above) generated in the 12-month period covered by this report _____ (tons)
- Amount of process wastewater generated and collected (not already accounted for above) in the 12-month period covered by this report _____ (gallons)

SECTION IV: MANURE, LITTER AND PROCESS WASTEWATER TRANSFERRED TO OTHER PERSONS

Maintain records showing the date and amount of manure, litter, and/or process wastewater that leaves the permitted operation when the amount given to any one recipient exceeds 50 tons annually (~12,000 gallons). Can be reported separately or in combination if indicated as such.

- Amount of manure transferred in the 12-month period covered by this report _____ (gallons)
- Amount of litter, dry or packed manure (not accounted for above) transferred in the 12-month period covered by this report _____ (tons)
- Amount of process wastewater (not accounted for above) transferred in the 12-month period covered by this report _____ (gallons)
- Is this facility(s) regulated as a CAFO facility? Yes _____ No _____

If yes, provide the CAFO SPDES number _____

SECTION V: NUTRIENT IMPORTS

- Amount of nutrients (ex: manure, litter, process wastewater, food wastes, etc.) imported in the 12-month period covered by this report _____ (gallons or tons)
(do not include commercial chemical fertilizers or lime or imported feedstocks)
- Describe the timeframe for acceptance of these substances (ex: daily, weekly, monthly)
- Is the facility registered under Part 360 of 6 NYCRR Yes _____ No _____
If yes, provide the registration number _____
- Is the facility permitted under Part 360 of 6 NYCRR Yes _____ No _____
If yes, provide the permit number _____

SECTION VI: LAND APPLICATION OF MANURE, LITTER AND PROCESS WASTEWATER

Report the total number of acres of land that are covered by this facility’s comprehensive nutrient management plan. Include all land application acres covered by the nutrient management plan, whether or not they were used for land application during the 12-month period covered by this report.

- Total number of land application acres covered by the nutrient management plan _____ (acres)

Report the total number of acres of land where manure, litter, or process wastewater that was generated at this facility were spread. Include only land applications that are under the control of this CAFO facility.

- Total number of acres under the control of the CAFO used for land application in the 12-month period covered by this report _____ acres.

SECTION VII: INSTANCES OF NONCOMPLIANCE NOT PREVIOUSLY REPORTED

1. During the past 12-months has your facility been in compliance with the following recordkeeping requirements which have not already been reported to the Department:
(if no, please attach a description of the noncompliance including the number of instances)

Records of precipitation events in excess of 0.3 inches?
Yes _____ No _____

Records of weather conditions at time of application and for 24 hours prior to and following application including actual precipitation and forecasted conditions?
Yes _____ No _____

Weekly inspections of depth readings for any open liquid storage structures?
Yes _____ No _____

Records of handling and disposal of mortalities?
Yes _____ No _____

Comments

2. During the past 12-months has your facility been in compliance with the implementation of your CNMP? (if no, please attach a description of the noncompliance including the CNMP requirement and actual implementation with field specific information if applicable). Instances of compliance include but are not limited to:

Applications of manure, litter or process wastewater at or below CNMP rates?
Yes _____ No _____

Having obtained required soil tests?
Yes _____ No _____

Having obtained required manure analyses?
Yes _____ No _____

Having operated and maintained all BMPs in accordance with the CNMP requirements?
Yes _____ No _____

3. During the past 12-months have there been any other instances of noncompliance which have not been reported to the Department?
Yes _____ No _____ If yes, please attach additional pages to describe the information requested, as necessary, below.

- Description of noncompliance and its cause.
- The period that the operation was in noncompliance with permit conditions, including exact dates and times.
- In those cases where the noncompliance has not been corrected, the anticipated time it is expected to continue.
- Description of the steps taken or planned to reduce, eliminate, and prevent reoccurrence of the noncompliance

Failure to meet the implementation schedule required in the facilities' CNMP is considered non-compliance and must be reported here **AND** in the CNMP implementation schedule in Section VIII of this report.

SECTION VIII: ANNUAL COMPLIANCE CERTIFICATION

1. During the last 12 months were there any changes in design, construction, operation (e.g. expansion) or maintenance of your facility, where such changes have a significant effect on the amount, storage or disposal of manure, litter or process wastewater by the CAFO facility?

_____ Yes ____ No

If yes, has your CNMP been amended to address these changes? ____ Yes ____ No

If no to the previous question, please explain.

2. During the last 12 months has your CNMP been ineffective in achieving the general objectives of controlling pollutants in discharges from your CAFO? _____ Yes ____ No

If yes, has your CNMP been amended to address these circumstances? ____ Yes ____ No

If no, please explain.

3. During the last 12 months have you made any changes to your CNMP? ____ Yes ____ No

If yes, were these changes made under the direction of an AEM Certified Planner? ____ Yes ____ No

4. During the last 12 months were changes made to the planned manure, litter or process wastewater applications?
____ Yes ____ No

If yes, were these changes made with *prior* approval from an AEM Certified Planner? ____ Yes ____ No

If no, please attach an explanation.

5. During the last 12 months were changes made to the planned crop rotations? ____ Yes ____ No

If yes, were these changes made with *prior* approval from an AEM Certified Planner? ____ Yes ____ No

If no, please attach an explanation.

6. FOR LARGE CAFOs. During the last 12 months were changes made from the previous years' Annual NMP Submittal?
____ Yes ____ No

If yes, attach a description of these changes in the same format as used in the Annual NMP Submittal.

If yes, were these changes made with *prior* approval from an AEM Certified Planner? ____ Yes ____ No

7. FOR LARGE CAFOs. Have two (2) individuals representing your facility attended a NYSDEC endorsed Manure Applicator Training? ____ Yes ____ No

If yes, please indicate date and location of the event and the names of the individuals that attended.

8. Do you know or have reason to know of a discharge during the last 12 months of your CAFO's process wastewater that caused deposition of solids, substantial visual contrast or impacts to fish or otherwise violated 6 NYCRR Parts 700 to 705?
____ Yes ____ No

If yes, please attach copies of the submitted Incident Report Form.

SECTION IX: CNMP COMPLETION SCHEDULE List each of the following CNMP Practices that are included in your CNMP Completion Schedule as needed to be implemented to achieve full compliance with the CAFO general permit. You must list practices that have yet to be installed including all necessary evaluations and updates to existing practices or updates to standards.

- **Barnyard Runoff Management** Write “Barnyard Runoff Management” in the first column of the CNMP Completion Schedule for any one or more of the following: roof water management, diversion, heavy use area protection, underground outlet, fencing, critical area planting, manure/waste transfer, vegetated treatment area, etc.
- **Silage Leachate Control.** Write “Silage Leachate Control” in the first column of the CNMP Completion Schedule for any one or more of the following: waste transfer, pipeline, heavy use area protection, vegetated treatment area, etc.
- **Storage, Transfer, & Treatment.** Write “Storage, Transfer, & Treatment” in the first column of the CNMP Completion Schedule for any one or more of the following: waste storage facility, composting, anaerobic digestion, manure/waste transfer, closure of waste impoundments, etc.
- **Process Wastewater Treatment.** Write “Process Wastewater Treatment” in the first column of the CNMP Completion Schedule for any one or more of the following: manure/waste transfer, heavy use area protection, vegetated treatment area, etc.
- **Nutrient Management.** Write “Nutrient Management” in the first column of the CNMP Completion Schedule for any one or more of the following non-structural practices: proper land application of manure – soil analysis; manure analysis; N-Leach Index; P-Index; rate, timing and placement; feed/forage management, etc.
- **Record Keeping.** Write “Record Keeping” in the first column of the CNMP Completion Schedule for any one or more of the following permit or CNMP requirements for record keeping: facilities and BMP visual inspections, manure spreading records, equipment calibration records, rainfall records, etc.
- **Erosion/Runoff Management.** Write “Erosion/Runoff Management ” in the first column of the CNMP Completion Schedule for any one or more of the following non-structural practices: conservation crop rotation, filter strips, buffers, diversion, waterway, terrace, cover crop, conservation tillage, strip cropping, etc.
- **Pasture Management.** Write “Pasture Management ” in the first column of the CNMP Completion Schedule for any one or more of the following non-structural practices: prescribed grazing, pasture and hay planting, fence, etc.
- **Other Practices.** Explain (ex: animal mortality composting, etc.).

SECTION X: PLANNER CERTIFICATION I hereby certify that:

I am an Agricultural Environmental Management (AEM) Planner certified to develop and review Comprehensive Nutrient Management Plans (CNMPs) for Concentrated Animal Feeding Operations (CAFOs) in New York State.

The Comprehensive Nutrient Management Plan (CNMP) developed for this operation is in full conformance with the requirements of "NRCS Conservation Practice Standard No. NY312" and New York State General Permit No. GP-0-14-001 for Concentrated Animal Feeding Operations, under authority of the New York State Pollutant Discharge Elimination System.

I have reviewed the Comprehensive Nutrient Management Plan (CNMP) with the owner and/or operator responsible for the proper operations of this CAFO.

Name (please print or type)

Signature

Date

SECTION XI: OWNER/OPERATOR 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 gathered and evaluated 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.

Name (please print or type)

Signature

Date

LIST OF NYS DEC REGIONAL WATER ENGINEER OFFICES

REGION	COVERING THE FOLLOWING COUNTIES	DIVISION OF WATER (DOW) WATER (SPDES) PROGRAM
1	Nassau and Suffolk	Bldg 40 - SUNY @ Stony Brook Stony Brook, NY 11790-2356 Tel. (631) 444-0420
2	Bronx, Kings, New York, Queens and Richmond	1 Hunters Point Plaza, 47-40 21st St. Long Island City, NY 11101-5407 Tel. (718) 482-4930
3	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester	100 Hillside Avenue, Suite 1W White Plains, NY 10603 Tel. (914) 428-2505
4	Albany, Columbia, Delaware, Greene, Montgomery, Otsego, Rensselaer, Schenectady and Schoharie	1130 North Westcott Road Schenectady, NY 12306-2014 Tel. (518) 357-2045
5	Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, Warren and Washington	232 Golf Course Road, P.O. Box 220 Warrensburg, NY 12885-0220 Tel. (518) 623-1200
6	Herkimer, Jefferson, Lewis, Oneida and St. Lawrence	317 Washington Street Watertown, NY 13601 Tel. (315) 785-2554
7	Broome, Cayuga, Chenango, Cortland, Madison, Onondaga, Oswego, Tioga and Tompkins	615 Erie Blvd. West Syracuse, NY 13204-2400 Tel. (315) 426-7500
8	Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne and Yates	6274 East Avon-Lima Rd. Avon, NY 14414-9519 Tel. (585) 226-5450
9	Allegany, Cattaraugus, Chautauqua, Erie, Niagara and Wyoming	270 Michigan Ave. Buffalo, NY 14203-2999 Tel. (716) 851-7070