



Appendix D

Concentrated Animal Feeding Operation (CAFO) Annual Compliance Report

GENERAL PERMIT (GP-04-02)
State Pollutant Discharge Elimination System (SPDES)
Concentrated Animal Feeding Operations (CAFOs)

This report is to be submitted to the Department at the above address and to the DEC Regional Water Engineer (Contact list attached) for the calendar year and must be submitted by March 31st of each year. The permittee shall report all other instances of non-compliance with permit conditions not otherwise required to be reported under this permit in this report.

SECTION I: FACILITY INFORMATION

DEC Authorization No: _____ **Report for Calendar Year:** _____

DEC SPDES No: _____

Owner/Operator Name: _____

Facility Name: _____

SECTION II: TYPE AND NUMBER OF ANIMALS

Report the maximum number of each type of animal confined at this facility at any one time.

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.

- Amount of manure generated in the 12-month period covered by this report _____ (tons)
- Amount of litter generated in the 12-month period covered by this report _____ (tons)
- Amount of process wastewater generated 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.

- Amount of manure transferred in the 12-month period covered by this report _____ (tons)
- Amount of litter transferred in the 12-month period covered by this report _____ (tons)
- Amount of process wastewater transferred in the 12-month period covered by this report _____ (gallons)

SECTION V: 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 application areas 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 VI: INSTANCES OF NONCOMPLIANCE NOT PREVIOUSLY REPORTED

During the past 12-months have there been any instances of noncompliance which have not been reported to the Department? Yes _____ No _____ If yes, please provide the information requested below.

If during the past 12-months there have been instances of noncompliance which have not been reported to the Department please provide the following information, for each instance, along with this annual report:

- 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

SECTION VII: ANNUAL COMPLIANCE CERTIFICATION

During the last 12 months were there any changes in design, construction, operation (e.g. expansion) or maintenance of your facility, where such changes may have a significant effect on the discharge of pollutants to the waters of the State ? _____ Yes _____ No

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

If no to the question at the bottom of the previous page, please explain.

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.

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 Reports (Appendix E).

SECTION VIII: CNMP COMPLETION SCHEDULE List each of the following CNMP Practices that are included in your CNMP Completion Schedule.

- **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, filter 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: filter area, pipeline, heavy use area protection, 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: composting, anaerobic digestion, 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: pipeline, filter area, organic matter filter bed, 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 non-structural practices: 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: 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 hayland planting, etc.
- **Other Systems.** Explain.

SECTION IX: 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-04-02 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 X: 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	200 White Plains Road, 5 th Floor Tarrytown, NY 10591-5805 Tel. (914) 332-1835x350
4	Albany, Columbia, Delaware, Greene, Montgomery, Otsego, Rensselaer, Schenectady and Schoharie	1150 North Westcott Road Schenectady, NY 12306-2014 Tel. (518) 357-2380
5	Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, Warren and Washington	232 Hudson Street Warrensburg, NY 12885-0220 Tel. (518) 623-1200
6	Herkimer, Jefferson, Lewis, Oneida and St. Lawrence	317 Washington Street Watertown, NY 13601 Tel. (315) 785-2513
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) 226-5445
9	Allegany, Cattaraugus, Chautauqua, Erie, Niagara and Wyoming	270 Michigan Ave. Buffalo, NY 14203-2999 Tel. (716) 851-7070