

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Water

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ANNUAL COMPLIANCE REPORT

State Pollutant Discharge Elimination System (SPDES)
General Permits (GP-0-16-001) OR (GP-0-19-001) for
Concentrated Animal Feeding Operations (CAFOs)

Every permitted CAFO facility must submit one (1) copy of this report to the Department to the address above for the calendar year by March 31st of each year. Electronic submittals are available through the Departments web-site at: <http://www.dec.ny.gov/permits/55373.html> Incomplete, faxed and/or illegible forms will not be accepted. The owner/operator 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 Compliance Report for incidents occurring during the past calendar year, not reported prior to this report submission.

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 ECL [] CWA []

Report for Calendar Year: _____

DEC Facility ID _____

DEC SPDES ID No _____

Owner/Operator: _____

Facility Name: _____

County: _____

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	Total Number in Confinement	Number in Open 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: NUTRIENT MANAGEMENT

1. Provide the estimated amount of manure, litter, and process wastewater that was generated at this facility in the 12-month period covered by this report. (Can be reported separately or in combination if indicated as such.)
 - a) Amount of manure generated in the 12-month period covered by this report _____(gallons)
 - b) Amount of litter, dry or packed manure (not accounted for above) generated in the 12-month period covered by this report _____(tons)
 - c) Amount of process wastewater generated and collected (not already accounted for above) in the 12-month period covered by this report _____(gallons)
2. Provide the estimated amount of manure, litter, and/or process wastewater that was transferred off premises. (Can be reported separately or in combination if indicated as such.)
 - a) Amount of manure transferred in the 12-month period covered by this report _____(gallons)
 - b) Amount of litter, dry or packed manure (not accounted for above) transferred in the 12-month period covered by this report _____(tons)

- c) Amount of process wastewater (not already accounted for above) transferred in the 12-month period covered by this report _____(gallons)
- d) Is the receiving facility(s) regulated as a CAFO facility? Yes ___No ___
If yes, provide the CAFO SPDES number(s) NYA_____

3. Total 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)

- a) Amount of food wastes (food scraps/food processing waste) imported in the 12-month period covered by this report _____(gallons or tons)
- b) Describe the timeframe for acceptance of these substances (ex: daily, weekly, monthly) _____
- c) Is this facility registered under Part 360 of 6 NYCRR Yes ___No ___
If yes, provide the registration number _____

- d) Is this facility permitted under Part 360 of 6 NYCRR Yes ___No ___
If yes, provide the permit number NY_____

4. Report the total number of acres of land that are covered by this facility’s Comprehensive Nutrient Management Plan (CNMP). 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.

5. Report the total number of acres of land where manure, litter, process wastewater, or other nutrients that were generated at or imported to 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 IV: RECORD KEEPING & INSTANCES OF NON-COMPLIANCE

1. During the past 12-months has your facility been in compliance with the following recordkeeping requirements :

- a) Records of precipitation events in excess of 0.3 inches? Yes ___No___
- b) 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 ___
- c) Weekly inspections of depth readings for any open liquid storage structures? Yes ___No ___
- d) Weekly inspections of all stormwater diversion devices? Yes ___No ___

- e) Records of handling and disposal of mortalities? Yes ___ No ___
- f) Records of all land application of manure, litter, food processing waste, digestate, and process wastewater? Yes ___ No ___
- g) Annual check of all waste transfer system valves/shut offs? Yes ___ No ___
- h) Records of manure application equipment inspection and calibration? Yes ___ No ___
- i) Records of Planner On-Site CNMP Review? Yes ___ No ___
- j) Records of all non-farm generated waste? Yes ___ No ___
- k) Records associated with Anaerobic Digester (if applicable)? Yes ___ No ___ N/A ___

Comments:

2. During the past 12-months has your facility been in compliance with the implementation of your CNMP of the following instances, but not limited to:

- a) Applications of manure, litter or process wastewater at or below CNMP rates? Yes ___ No ___
- b) Obtained required soil tests? Yes ___ No ___
- c) Obtained required manure analyses? Yes ___ No ___
- d) Operated and maintained all BMPs in accordance with the CNMP requirements? Yes ___ No ___

(If no to any of the above questions, please attach a description of the non-compliance including the CNMP requirement and actual implementation with field specific information if applicable.)

3. During the past 12-months have there been any instances of non-compliance which have not been reported to the Department? Yes ___ No ___

(If yes to any, please attach additional pages to describe the information requested, as necessary, below.)

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

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

SECTION V: ANNUAL COMPLIANCE CERTIFICATION

- 1. Did this facility discharge Non-Contact Cooling Water associated with their milk production operation? Yes ___ No ___
 - a. If yes, was the discharge done in accordance with the conditions provided in the permit? Yes ___ No ___
- 2. Were waste transfer systems (extend beyond the production area and have a mechanical component) manned while actively transferring material? Yes ___ No ___
- 3. Do you know of a storage overflow or any discharge of your CAFO's process wastewater during the last reporting period? Yes ___ No ___

(If yes, please attach copies of the submitted Incident Report Form, if available.)

4. During the last 12 months were there any changes in design, construction, operation (e.g. expansion, New addition of NCCW discharge) 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 ___

a) If yes, has your CNMP been amended to address these changes?

Yes ___ No ___

b) If no to the previous question, please explain:

5. Did the CAFO add any farmsteads or satellite facilities associated with this operation which require implementation of structural or non-structural BMPs? Yes NO

Please provide the address or coordinate location for each farmstead or satellite facility

a. Are all required structural BMPs implemented at the satellite facilities? Yes NO

b. Are all required non-structural BMPs implemented at the satellite facilities? Yes NO

6. 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 ___

a) If yes, has your CNMP been amended to address these circumstances?

Yes ___ No ___

b) If no, please explain:

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

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

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

a) If yes, were these changes made with prior approval from an AEM Certified Planner and in accordance with the applicable NRCS Standard(s)? Yes ___ No ___

b) If no, please attach an explanation:

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

a) If yes, were these changes made with prior approval from an AEM Certified Planner and in accordance with the applicable NRCS Standard(s)? Yes ___ No ___

b) If no, please attach an explanation:

10. Have manure applicator staff at this facility participated in a Planner-led presentation and discussion of Cornell's Manure Applicator webinar OR have two (2) individuals (Large CAFOs) or one (1) individual (Medium CAFOs), representing your facility attended a NYSDEC endorsed Manure Applicator Training?

Yes ___ No ___

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

b) If no, please indicate the expected date this permit requirement will be achieved? _____

11. For CWA permitted facilities, during the last 12 months did crop yields meet expected values documented in the ANMP for each field? Yes ___ No ___

a) If no, please attach an explanation:

12. For CWA permitted facilities only: During the last 12 months were changes made from the previous years' Annual NMP Submittal? Yes ___ No ___

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

b) If yes, were these changes made with prior approval from an AEM Certified Planner and in accordance with the applicable NRCS Standards? Yes ___ No ___

SECTION VI: CNMP COMPLETION SCHEDULE

List each specific CNMP Practices that are included in your CNMP Completion Schedule. The list must include: practices installed or implemented over the reporting period, practices required for new or newly acquired operations, required practices not yet implemented which are included in an executed enforcement order, any replacements, upgrades, repairs, necessary evaluations and enhancements for future operational or management changes.

Please list all structural practices in the Structural Practices Table (Table 1) starting with the practices that are required, then ones that are replacements, upgrades or repairs then enhancements. Attach additional pages as necessary.

Please list all nonstructural practices in the Nonstructural Practices Table (Table 2) starting with the practices that are required then ones that are upgrades then enhancements. Attach additional pages as necessary.

- (1) Enter the System that the Specific CNMP practices are part of.
- (2) Enter the Specific CNMP practices
- (3) Enter the NRCS standards for the Specific CNMP practices
- (4) Enter the date of expected completion or the date in the compliance schedule of the consent order
- (5) Is the practice a required, a replacement, an upgrade, a repair or an enhancement?
- (6) Is equivalent protection being provided or has it been provided to address the resource concern?
- (7) Estimated CNMP Practice Costs - The owner or operator may wish to use the NRCS guidance document entitled "Costs Associated with Development and Implementation of Comprehensive Nutrient Management Plans". The estimated CNMP practice costs will be used by the Department to determine the total costs associated with development and implementation of CNMPs in New York State

Please note, incomplete responses will not be accepted.

Table 1- Structural Practices

BMP System (1)	Specific CNMP Practice (2)	Applicable NRCS Standard (3)	Estimated Completion Date (4)	Required / Replacement / Upgrade / Repair Enhancement (5)	Equivalent Protection Provided Y/N (6)	Estimated CNMP Practice Costs (7)

SECTION VII: PLANNER CERTIFICATION

I am an Agricultural Environmental Management Certified Planner certified to develop and review Comprehensive Nutrient Management Plans (CNMPs) for Concentrated Animal Feeding Operations (CAFOs) in New York State. I am in good standing with New York State Department of Agriculture and Markets. The CNMP, CNMP updates and CNMP attachments (collectively, the CNMP) that have been developed for this operation are in full conformance with the requirements of the New York State Natural Resources Conservation Services standards and the New York State Pollutant Discharge Elimination System (SPDES) CAFO General Permit. I have reviewed the CNMP with the owner and/or operator who is responsible for implementation of the CNMP and compliance with the requirements of the SPDES CAFO General Permit. I have also reviewed with the owner/operator the information required in the Annual Compliance Report.

Name (Please print)	Signature	Date
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SECTION VIII: OWNER/OPERATOR CERTIFICATION

To the best of my knowledge, the Comprehensive Nutrient Management Plan (CNMP) that has been developed for this operation is in full conformance with the requirements of the New York State Pollutant Discharge Elimination System General Permit for Concentrated Animal Feeding Operations (CAFOs).

I certify under penalty of law that I am the owner/operator of this CAFO. As the owner/operator of this CAFO, I am responsible for implementation of the CNMP and compliance with the requirements of the New York State Pollutant Discharge Elimination System General Permit for CAFOs.

I certify under penalty of law that this Annual Compliance Report 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)	Signature	Date
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