PAG-12
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

CONCENTRATED ANIMAL FEEDING OPERATION

ANNUAL REPORT

FOR THE PERIOD       TO

|  |
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| **GENERAL INFORMATION** |
| Permittee Name: |  |  | Permit No.: |  |
| Permittee Address: |  |  | Permit Approval Date: |  |
| Permittee City, State, Zip: |  |  | Permit Expiration Date: |  |
| Site (CAFO) Name: |  |  | Permittee Phone: |  |
| Municipality: |  |  | County: |  |
|  |  |  |  |  |
| ANIMAL INFORMATION |
| List all animal types maintained on the operation during the reporting period and provide the requested information.  |
| Animal Type | No. Open Confinement | No. Under Roof Confinement | Total No. Animals | Weight (lbs) | Production Days | AEUs |
|       |       |       |       |       |       |       |
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| **Total:** |  |
| **Permitted Value:** |  |
| PRODUCTION AREA DISCHARGES |
| Date(s) of Discharge | DEP Notification Date | Discharge the Result of Design Storm Event? | Duration of Discharge (hours) | Estimated Volume of Discharge (gallons) |
|       |       |       |       |       |
|       |       |       |       |       |
| Explain the location(s) and cause(s) of each discharge identified above. |
|  |
| Describe the corrective action(s) taken to prevent future discharges. |
|  |

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| MANURE GENERATION AND USE |
| Waste Type | Amount or Volume Generated | Amount or Volume Used On-Site | Amount or Volume Exported from Site |
| Liquid and Semi-Solid Manure |       | Gallons |       | Gallons |       | Gallons |
| Agricultural Process Wastewater |       | Gallons |       | Gallons |       | Gallons |
| Solid Manure |       | Dry Tons |       | Dry Tons |       | Dry Tons |
|  |
| NUTRIENT CONTENT OF MANURE |
| Waste Type | Nitrogen Content | Nitrogen Form | Phosphorus Content | Phosphorus Form |
| Liquid and Semi-Solid Manure |       | lbs/1000 gal |       |       | lbs/1000 gal |       |
| Agricultural Process Wastewater |       | lbs/1000 gal |       |       | lbs/1000 gal |       |
| Solid Manure |       | lbs/ton |       |       | lbs/ton |       |
| Date of Latest Manure Test: |       |  | Testing Laboratory: |       |
|  |
| LAND APPLICATION OF MANURE |
| Date of Latest NMP Approval: |       |  | Crop Year(s): |       |
| NMP Acres for Land Application: |       |  | Actual Acres Used for Land Application: |       |
| [ ]  The NMP was developed by a person certified in accordance with the Department of Agriculture’s Nutrient Management Specialist Certification requirements in 7 Pa. Code §§ 130b.1‑130b.51. |
| [ ]  Manure and/or supplemental fertilizer was applied on fields owned or under the operational control of the permittee during the reporting period. Table 1 has been completed and is attached. |
| [ ]  All manure was exported from the site and no manure or supplemental fertilizer was applied on fields owned or under the operational control of the permittee during the reporting period. Table 1 is not attached. |
| [ ]  The NMP was reviewed during the reporting period to ensure manure applications are consistent with current practices and 25 Pa. Code § 83.293. |
| Was a new, amended or updated NMP approved during the reporting period? | [ ]  Yes | [ ]  No |
| *If Yes, attach a copy of the approved NMP and approval letter to this report, unless submitted to DEP previously.* |
|  |
| LIQUID AND SEMI-SOLID MANURE STORAGE FACILITIES |
| Manure Storage Type | Total Depth (ft) | Required Freeboard (ft) | Volume Removed During Reporting Period (gal) |
|       |       |       |       |
|       |       |       |       |
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| During the year was there any evidence of a pollutant discharge from leak detection systems? | [ ]  Yes | [ ]  No | [ ]  N/A |
| During the year was there any evidence of a pollutant discharge from subsurface drains? | [ ]  Yes | [ ]  No | [ ]  N/A |
| During the year were there any repairs or corrective actions taken for manure storage facilities? | [ ]  Yes | [ ]  No | [ ]  N/A |
| If Yes, describe the repairs or corrective actions taken: |
|       |
| [ ]  A sample of drainage was collected and analyzed from leak detection system(s). A map showing the location(s) of sample collection and the analytical results are attached. |
| [ ]  A sample of drainage could not be collected from leak detection system(s) because the system was dry during every weekly inspection. |
| [ ]  Attached is a completed Existing Earthen Manure Storage Facility Inspection Report (3800-FM-BCW0537) for each earthen manure storage facility on-site.  |
|  |
| WINTER MANURE MANAGEMENT |
| Manure Storage Type | Volume of Manure Expected During Winter Period (gal) | Freeboard Required as of December 15 to Implement NMP (ft) | Actual Freeboard on December 15 (ft) |
|       |       |       |       |
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| [ ]  The latest approved NMP provides for land application of manure during winter as a contingency. |
| [ ]  I anticipate that I will need to land apply manure during winter. |
| *Reminder – unless your permit requires otherwise, if you plan to land apply manure during winter you must notify DEP at least seven days prior to the application, using DEP’s Winter Period Application of Manure Notification form (3830-FM-BCW0532).* |
| BEST MANAGEMENT PRACTICES (BMPs) |
| BMP Name | Date Installed or Implemented | BMP Extent | BMP Units | Cost-Share Entity |
|       |       |       |       |       |
|       |       |       |       |       |
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| COVER CROPS PLANTED |
| Date Planted | Acres | Planting Method | Species/Mixture Type | Fertilizer Type | Harvested? |
|       |       |       |       |       |       |
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| OPERATION CHANGES |
| Describe any changes that occurred during the reporting period with respect to production, biosecurity, BMPs, AHUAs, conservation practices, manure management or manure storage facilities. Attach additional sheets as necessary. |
|       |
| CERTIFICATION |
| FOR ALL PERMITTEES: I certify under penalty of law that this report was 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. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). |
|  |
|       |  |       |
| Name (type or print legibly) |  | Official Title |
|  |  |       |
| Signature |  | Date Signed |

**Table 1 – Field Level Manure and Supplemental Fertilizer Land Application Summary.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Field ID No.** | **Acres** | **Actual Crop(s) Planted** | **Actual Crop Yield(s)** | **Crop Yield Units** | **Manure Type Applied** | **Max Application Rate** | **Actual Application Rate** | **Application Rate Units** | **Supplemental Fertilizer Applied (lbs/acre)** |
| **TN** | **TP** |
|       |       |       |       |       |       |       |       |       |       |       |       |
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