

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Water

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www.dec.ny.gov

ANNUAL COMPLIANCE REPORT

New York State Department of Environmental Conservation
State Pollutant Discharge Elimination System (SPDES)
General Permit (GP-0-22-001) for
Concentrated Animal Feeding Operations (CAFOs)

Every permitted CAFO facility must submit one (1) complete report electronically to the Department for the reporting year by March 31st of the following year. Access to the electronic form is available through the Department's website at: <https://www.dec.ny.gov/regulatory/permits-licenses/wastewater-stormwater-water-withdrawal/spdes-permit-program/concentrated-animal-feeding-operations>. Incomplete forms will not be accepted.

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 (January-December) or Report for Crop Year (September-August)]:

DEC SPDES ID No.:

Owner/Owner Name:

Owner/Operator Contact:

Owner/Operator Phone:

Owner/Operator Email:

Facility Name:

AEM Certified Planner Name:

Is this facility in the process of termination or sale and no longer has animals or nutrients remaining on the premises? Yes _____ No _____

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	Total Number Planned for in CNMP
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 reporting period covered by this report.
 - a) Amount of liquid manure generated in the reporting period covered by this report _____(gallons)
 - b) Amount of litter, dry or solid manure generated in the reporting period covered by this report _____(tons)
 - c) Amount of process wastewater generated and collected in the reporting period covered by this report _____(gallons)
2. Provide the amount of liquid manure/process wastewater and litter, dry or solid manure (including digestate) that was exported during this reporting period:

- a) Amount of liquid manure/process wastewater exported in the reporting period covered by this report _____(gallons)
- b) Amount of litter, dry or solid manure exported during this reporting period _____(tons)
3. Total amount of nutrients (E.g., manure, litter, process wastewater, food wastes, digestate, etc.) imported during this reporting period (gallons or tons, do not include commercial chemical fertilizers or lime or imported feedstocks). _____(gallons or tons)
- a) Amount of food wastes (food scraps/food processing waste) imported in the reporting period covered by this report _____(gallons or tons)
- Is the majority of the imported food waste: DROP DOWN: [Directly land applied; placed in AD; placed in manure storage (other than AD) and then land applied, Composted]
- b) If non-farm generated organics were added to on-site manure storages or anaerobic digesters, has the imported waste accounted for <50% annual capacity in each of the applicable storages (Part III.B.3.c.1) or <50% total annual volume of waste digested at the facility (Part III.B.3.c.2)? Yes No N/A
- If no, please explain:
- c) Describe the general timeframe for acceptance of these substances (E.g., intermittent, daily, weekly, monthly, annually) _____
- d) Is this facility registered or permitted under Part 361 of 6 NYCRR?
- Yes ___ No ___
- If yes, provide the registration/permit number _____
4. Is there a third party owned/operator digester onsite? Yes/No
5. Report the total land application acres that are covered by this facility's Comprehensive Nutrient Management Plan (CNMP) (i.e. the total spreadable acres). Include all land application acres covered by the nutrient management plan, whether or not they were used for land application during the reporting period covered by this report. _____ acres.
6. Report the total number of acres of land where manure, litter, process wastewater, digestate, or other nutrients that were generated at or imported to this facility were spread. Do not include land that received nutrients meeting the definition of "export" (i.e. land applications not under control of the CAFO). _____ acres
7. Did the farm utilize a defoaming agent in the storage or when land applying?
- a. If so, what type of agent was used? [Drop down: Commercial defoamer, virgin vegetable oil, used vegetable oil/grease, other] {if other provide description]

SECTION IV: RECORD KEEPING & INSTANCES OF NON-COMPLIANCE

1. During the reporting period has your facility complied with the following recordkeeping requirements:
 - a. Records of precipitation events in excess of 03 inches? Yes ___ No ___
 - b. Records of weather conditions at the 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 disposing of mortalities? Yes ___ No ___
 - f. Records of all land application of manure, litter, food processing waste, digestate, and process wastewater? Yes ___ No ___ N/A ___
 - g. Annual check of all waste transfer system valves/shut offs? Yes ___ No ___ N/A ___
 - h. Records of manure application equipment inspection and calibration? Yes ___ No ___ N/A ___
 - i. Records of Planner On-Site CNMP Review? Yes ___ No ___
 - j. Records of all non-farm generated waste? Yes ___ No ___ N/A ___
 - k. Records associated with Anaerobic Digester (if applicable) Yes ___ No ___ N/A ___

If no to any of the above, please provide additional details including the cause of noncompliance and corrective actions taken to ensure compliance with these requirements:

2. During the reporting period have Operation and Maintenance (O&M) deficiencies for structural practices been identified? Yes ___ No ___

- a. If yes, provide additional details including which practices were identified, what was the required O&M, what O&M was performed (if any), provide date O&M was completed or the date it is anticipated to be completed:

3. During the reporting period has your facility:

- a) Applied manure, litter or process wastewater either at or below planned application rates provided in the CNMP? Yes ___ No ___ NA ___
- b) Obtained required soil tests? Yes ___ No ___ NA ___
- c) Obtained required nutrient source analyses (e.g. manure, process wastewater, digestate, etc.)? Yes ___ No ___

If no to any of the above questions, please provide additional details including field specific information (if applicable), cause of noncompliance and corrective actions taken to ensure future compliance with these requirements or attach the submitted incident report, if applicable:

4. During the reporting period have there been any additional instances of non-compliance which have not already been reported to the Department **and** are on-going as of the date this report was submitted? 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 non-compliance began and the anticipated date the non-compliance will cease.
- c) Description of the steps taken or planned to reduce, eliminate, and prevent reoccurrence of the non-compliance.

SECTION V: ANNUAL COMPLIANCE CERTIFICATION

- 1. Did this facility discharge Non-Contact Cooling Water associated with their milk production operation? Yes ___ No ___ NA ___
 - a. If yes, was the discharge done in accordance with the conditions provided in the permit (Part III.B.1.a)? Yes ___ No ___
- 2. Were waste transfer systems (extending beyond the production area and having a mechanical component) manned while actively transferring material? Yes ___ No ___ NA ___
- 3. Do you know of a storage overflow during the last reporting period? Yes ___ No ___

(If yes, please attach copies of the submitted Incident Report Form)
If yes, has the storage been re-certified by a PE? Yes ___ No ___
If no, provide expected date of re-certification _____

4. Do you know of any discharge of your CAFO's process wastewater during the reporting period?
Yes ___ No ___
(If yes, please attach copies of the submitted Incident Report Form)

5. During the reporting period were there any changes in design, construction, operation (e.g. bunk/feed storage expansion, 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:

6. Did the CAFO add any farmsteads/satellite facilities associated with this operation during this reporting period? Yes ___ No ___

Please provide the address and Lat/Long for each newly added farmstead/satellite facility

a. If yes, what date was the farmstead/satellite facility acquired? _____

b. Are all required structural BMPs implemented at the farmstead/satellite facilities? Yes ___ No ___ NA

c. If no, are the required structural BMPs included in the CNMP implementation schedule and listed in Part VI below? Yes ___ No ___

SECTION VI: CNMP STRUCTURAL PRACTICE INVENTORY AND COMPLETION SCHEDULE

List each specific CNMP Structural Practice that is included in your CNMP (currently constructed, construction underway, or construction planned for).

Please list all structural practices for each individual farmstead in separate Structural Practices Tables. A Structural Practice Table for each farmstead should be included. Each table should start with the practices that are required, then ones that are replacements, upgrades or repairs, then enhancements. Attach additional tables/pages as necessary.

- Waste Storage Facility – NY 313
- Anaerobic Digester – NY 366
- Waste Transfer Standard – NY 634
- Vegetated Treatment Areas – NY 635
- Composting Facility – NY 317
- Heavy Use Area Protection – NY 561
- Animal Mortality – NY 316

- (1) Enter a unique identifier (i.e. “barn road storage”)
- (2) Enter the BMP name and associated NRCS Standard.
- (3) Practice Description.
- (4) Enter the design volume in gallons/tons
- (5) Specify whether the practice is a required, a replacement, an upgrade, a repair or an enhancement.
 [NOTE: A required practice is one that is identified in the CNMP as necessary to comply with the permit conditions. A replacement, upgrade, or repair can be noted for a required practice if the practice was fully implemented in the past and equivalent protection is provided while the replacement, upgrade, or repair is completed. If equivalent protection cannot be provided, then the replacement, upgrade, or repair should be noted as a required practice. An enhancement is a practice that is not necessary to comply with permit conditions but may enhance operations at the facility.]
- (6) Is equivalent protection being provided or has it been provided to address the resource concern?
- (7) Enter the date the practice was certified or the date of expected completion/certification.

Please note, incomplete responses will not be accepted.

Structural Practices Table

Facility/Farmstead Name:		Address:		Lat/Long:		
Unique identifier (1)	BMP Name and NRCS Standard (2)	BMP Description (3)*	BMP design volume (gallons/tons) (4)	Required, replacement, upgrade, repair, or Enhancement (5)	Equivalent Protection provided? [yes][no][na] (6)	Date of Certification or Estimated Completion Date (7)
	Storage	[Earthen, clay-lined][Earthen, Synthetic-lined][Structural]				
	Anaerobic Digester	[plugged flow][mixed batch]				

***Additional information related to storages:**

3a – Is storage structure: [Underbarn][Uncovered][Covered and Flared]

3b – Predominate manure type in storage: [Unseparated liquids][Separated liquids][Digestate][Unseparated solids][Separated solids][Non manure process wastewaters]

SECTION VII: IMPLEMENTATION STATUS

Are all practices required by the CNMP fully implemented?

Yes ___ No ___

If no, are the outstanding practices associated with a farmstead/satellite facility acquired within the last 24 months? Yes ___ No ___

If no, does the facility/farm have a consent order with NYSDEC to address the implementation issues?

Yes ___ No ___

If yes, provide the consent order # _____

SECTION VIII: PLANNER CERTIFICATION

SECTION IX: OWNER/OPERATOR CERTIFICATION