



APPENDIX B: ANNUAL REPORT FORM

Concentrated Animal Feeding Operation (CAFO) General Permit

Reporting Year:	Reporting Period: January 1 to December 31
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I. Permit Information

Permit Number:	Facility Name:
Permittee Name:	

II. Contact Information (fill out if different from I. Permittee Information above)

Name:	Email:
Phone:	Cell Phone <i>(optional)</i> :

III. Operation Information

Provide the maximum number of each type of animals at your facility for the year.

- | | |
|---|---|
| <input type="checkbox"/> Dairy Cows: _____
<input type="checkbox"/> Dairy Heifers: _____
<input type="checkbox"/> Veal Calves: _____
<input type="checkbox"/> Beef: _____
<input type="checkbox"/> Swine
≥55 pounds: _____
< 55pounds: _____
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Sheep or Lambs: _____
<input type="checkbox"/> Turkeys: _____
<input type="checkbox"/> Ducks: _____
<input type="checkbox"/> Horses: _____
<input type="checkbox"/> Chickens
Broilers: _____
Layers: _____ |
|---|---|

Generated by CAFO (Specify units: tons, gallons, or ft ³)	<input type="checkbox"/> Manure: Liquid: _____ Solid: _____ <input type="checkbox"/> Poultry Litter: _____ <input type="checkbox"/> Other Organic By-Products: _____ <input type="checkbox"/> Process Wastewater: _____ <input type="checkbox"/> Digestate: _____
Exported by CAFO (Specify units: tons, gallons, or ft ³)	<input type="checkbox"/> Manure: Liquid: _____ Solid: _____ <input type="checkbox"/> Poultry Litter: _____ <input type="checkbox"/> Other Organic By-Products: _____ <input type="checkbox"/> Process Wastewater: _____ <input type="checkbox"/> Digestate: _____

Total number of acres **available** for land application **included in** your MPPP: _____

Total acres **you control** used for land application in the past year: _____

Discharges

During the year, has manure, litter, process waste, or process wastewater discharged from your production area or land application fields? Yes / No

(NOTE: if you are covered by the Combined Permit, do not include discharges of agricultural stormwater here.)

If **YES**, provide a summary of the approximate date, time, volume and duration of the discharge(s). Summarize your response to the discharge(s). If necessary, attach a separate sheet of paper for additional space.

Adaptive Management Risk Level High or Very High

Document the reason(s) a land application field fall soil nitrate tests for a single year result in the field being at a risk level or high or very high. Identify which field the documentation applies to. If necessary, attach a separate sheet of paper for additional space.

IV. Nutrient Source Content Analysis (Print additional copies of this page if you have more nutrient sources than space provided)

Nutrient Source Name	Nutrient Content					
		(NH ₃ /NH ₄)	(NO ₃ /NO ₂)	Phosphorus	Units	% OM
	1 st Analysis				<input type="checkbox"/> PPM <input type="checkbox"/> (fill in)	
	2 nd Analysis				<input type="checkbox"/> PPM <input type="checkbox"/> (fill in)	
	3 rd Analysis				<input type="checkbox"/> PPM <input type="checkbox"/> (fill in)	
	1 st Analysis				<input type="checkbox"/> PPM <input type="checkbox"/> (fill in)	
	2 nd Analysis				<input type="checkbox"/> PPM <input type="checkbox"/> (fill in)	
	3 rd Analysis				<input type="checkbox"/> PPM <input type="checkbox"/> (fill in)	
	1 st Analysis				<input type="checkbox"/> PPM <input type="checkbox"/> (fill in)	
	2 nd Analysis				<input type="checkbox"/> PPM <input type="checkbox"/> (fill in)	
	3 rd Analysis				<input type="checkbox"/> PPM <input type="checkbox"/> (fill in)	
	1 st Analysis				<input type="checkbox"/> PPM <input type="checkbox"/> (fill in)	
	2 nd Analysis				<input type="checkbox"/> PPM <input type="checkbox"/> (fill in)	
	3 rd Analysis				<input type="checkbox"/> PPM <input type="checkbox"/> (fill in)	
	1 st Analysis				<input type="checkbox"/> PPM <input type="checkbox"/> (fill in)	
	2 nd Analysis				<input type="checkbox"/> PPM <input type="checkbox"/> (fill in)	
	3 rd Analysis				<input type="checkbox"/> PPM <input type="checkbox"/> (fill in)	
	1 st Analysis				<input type="checkbox"/> PPM <input type="checkbox"/> (fill in)	
	2 nd Analysis				<input type="checkbox"/> PPM <input type="checkbox"/> (fill in)	
	3 rd Analysis				<input type="checkbox"/> PPM <input type="checkbox"/> (fill in)	

V. Field Land Application Information (Print one copy of this page for each of your fields)

Field ID:	Action Level:		Crop Grown:		Crop Yield (provide units):		
Field Soil Sample Nutrient Analysis							
	NH ₃ /NH ₄ as N		NO ₃ /NO ₂ as N		Phosphorus as P	Units	% OM
Soil Profile Depth	Spring	Fall	Spring	Fall	Fall		Fall
1 st Foot						<input type="checkbox"/> PPM <input type="checkbox"/> Lbs/Acre	
2 nd Foot (if required)						<input type="checkbox"/> PPM <input type="checkbox"/> Lbs/Acre	
3 rd Foot (if required)						<input type="checkbox"/> PPM <input type="checkbox"/> Lbs/Acre	
Date of last Organic Matter (OM) Analysis:			Date of last Phosphorus Analysis:				
Nutrient Sources Applied to Field							
Nutrient Source Applied (List all sources of nutrients including commercial fertilizer that were applied to this field. Source name must match Nutrient Source Name from section IV)				Total Amount Applied			
				<input type="checkbox"/> Gallons <input type="checkbox"/> Tons <input type="checkbox"/> Ft ³			
				<input type="checkbox"/> Gallons <input type="checkbox"/> Tons <input type="checkbox"/> Ft ³			
				<input type="checkbox"/> Gallons <input type="checkbox"/> Tons <input type="checkbox"/> Ft ³			
				<input type="checkbox"/> Gallons <input type="checkbox"/> Tons <input type="checkbox"/> Ft ³			
				<input type="checkbox"/> Gallons <input type="checkbox"/> Tons <input type="checkbox"/> Ft ³			
				<input type="checkbox"/> Gallons <input type="checkbox"/> Tons <input type="checkbox"/> Ft ³			
				<input type="checkbox"/> Gallons <input type="checkbox"/> Tons <input type="checkbox"/> Ft ³			

VI. 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 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."

Printed Name:

Date:

Signature:

NOTE: Be sure to include your yearly nutrient budget for each of your fields including the budget for a double crop or winter cover crop (if applicable) **with your completed Annual Report Form.**

Instructions for Annual Report Form

Concentrated Animal Feeding Operation General Permit

- Year** Start by filling out the year for this annual report (e.g. 2016). The reporting period of January 1 to December 31 always remains the same.
- I. Permittee Information** Fill in the permit number assigned by Ecology. This number is found on the coverage letter Ecology sends to the Permittee when issuing permit coverage. Also fill out your facility name (e.g. ABC Facility) and the Permittee's name.
- II. Contact Information** Provide the contact information for your facility if the contact person is not the same as the Permittee. The contact must be familiar with the information on the Annual Report.
- III. Operation Information** Provide the following data for your operation:
- Animal numbers – max for year
 - Amount of manure, litter, process waste, process wastewater, and other organic by-products generated for the past year in gallons, tons, or cubic feet.
 - Amount of manure, litter, process waste, process wastewater, and other organic by-products exported to other parties in the past year in gallons, tons, or cubic feet.
 - The number of acres in your MPPP
 - The number of acres you control
 - Summary of the discharges from your production area or land application fields in the past year. Note that if you are covered by the Combined Permit, do not include agricultural stormwater as part of the discharges from your land application fields.
 - Document the reasons, for each field, that the field has an adaptive management risk level of high or very high.
- IV. Nutrient Source Content Analysis** This section of the annual report is to provide the 3 nutrient analysis required for each source of nutrients that the Permittee land applies. Chemical/Commercial fertilizer and the label content must be included. Provide the following for each nutrient source:
- Name of the nutrient source (e.g. lagoon 1, manure pile A)
 - The ammonia/ammonium as N concentration
 - The nitrate/nitrite as N concentration
 - The phosphorus as P concentration
 - The units of measure. Check the PPM box or provide an alternate unit of measure.
 - The percent organic matter.
- V. Field Information** Provide the following data for each of your fields:
- Field ID. Ensure that the field IDs you use in this section are the same fields IDs you used for your fields on your yearly nutrient budgets.
 - Crop grown
 - Crop yield (you provide units).
 - Total amount of each nutrient source from section IV. Nutrient Source Content Analysis applied to the field in tons, gallons, or cubic feet. The names must match between the two sections.

- The spring and fall soil sample nutrient analysis containing Ammonia/Ammonium (NH₃/NH₄), Nitrate (NO₃), and every third year percent organic matter, and phosphorus

NOTE:

- If you have more fields than space available on this page, print out extras so that you have space for each of your fields.

Nutrient analysis for commercial chemical fertilizers may be provided as the nutrient analysis on the packaging (e.g. N-P-K)

VI. Certification

A person who has signature authority must sign the Application. Signature authority is defined in General Condition 15 as:

1. In the case of corporations, by a responsible corporate officer.
2. In the case of a partnership, by a general partner of a partnership.
3. In the case of sole proprietorship, by the proprietor.
4. In the case of a municipal, state, or other public facility, by either a principal executive officer or ranking elected official.

Once the information in sections I-VI is complete and the Annual Report Form is signed by the Permittee, the form must be submitted to:

Washington Department of Ecology
Water Quality Program
Attn: CAFO Permit Administrator
PO Box 47600
Olympia, WA 98504-7600

NOTE: Maintain a copy of the completed Annual Report Form and attached documents for your records.

Questions?

Contact: CAFO Permit Administrator at (360) 407-6600 or cafopermit@ecy.wa.gov.