

OHIO EPA CAFO NPDES PERMIT ANNUAL REPORT GUIDE

NPDES Permit Number:	Reporting Year:
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Facility Name:

I. Type and Number of Animals
 Report the maximum number of each type of animal confined at this facility at any one time during the reporting period.

Type	Number in Open Confinement	Number Housed Under Roof
Mature Dairy Cows		
Dairy Heifers		
Veal Calves		
Other Cattle		
Swine (55 lb. or more)		
Swine (under 55 lb.)		
Horses		
Sheep or Lambs		
Turkeys		
Chickens (broilers)		
Chickens (layers)		
Ducks		
Other (Specify)		

II. Manure Production
 Report the estimated amount of manure generated at this facility during the reporting period.
 _____ (tons) _____ (gallons)

III. Manure Transferred To Other Persons
 Report the total amount of manure that was transferred to other persons during the reporting period.
 _____ (tons) _____ (gallons)

If applicable, attach to this report copies of the records of distribution of manure for utilization on land not owned or operated by the permittee during the reporting period.

Check to indicate that manure distribution records are attached to this report.

IV. Land Application of Manure
 Report the total number of acres of land that are covered by this facility's Manure Management Plan (MMP). Include all land application acres covered by the MMP, whether or not they were used for land application during the reporting period.

Total number of land application acres covered by the MMP _____ acres

Report the total number of acres of land where manure generated at this facility was spread during the reporting period. 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
 _____ acres

Report the total amount of manure that was land applied at this facility during the reporting period.
 _____ (tons) _____ (gallons)

V. Summary of Discharges

Provide a summary of each discharge from the production and land application area(s) that occurred during the reporting period. Attach additional sheets, if needed.

Date of Discharge ^a	Time ^b	Volume ^c	Description

^aDate – The date of the discharge. If the discharge was detected after it happened, give an estimate of the date when the discharge occurred.

^bTime – The time of the discharge. If the discharge was detected after it happened, give an estimate of the time when the discharge occurred.

^cVolume – Give an estimate of the number of gallons or tons of manure discharged.

VI. Summary of Non-compliance Not Previously Reported

Provide a summary of any non-compliance not previously reported to Ohio EPA. Attach additional sheets, if needed.

Description of Non-compliance and Cause _____

Period of Non-compliance _____

Anticipated Time Non-compliance is Expected to Continue _____

Steps Taken or Planned to Reduce, Eliminate, and Prevent Reoccurrence of Non-compliance _____

VII. Manure Management Plan Developer

Check to indicate if the current version of your MMP was developed by a certified manure management planner (i.e., an individual certified by Ohio NRCS). Ohio EPA does not require the use of a certified planner in development of a MMP.

VIII. Training (If Required by Individual Permit in Part II)

Check to indicate a copy of training/seminar attendance documentation is attached.
(Listing name, date, and location of training is acceptable).

IX. Manure Application Calculations (If Required by Individual Permit in Part II, "Annual Report")

Check to indicate that records are attached indicating the actual crop(s) planted and actual yield(s) for each field, the actual nitrogen and phosphorus content of the manure, the results of calculations conducted in accordance with Part II "Annual Calculations" and the amount of manure applied to each field during the previous twelve months.

X. Certification

All reports required by permits, and other information requested by the Director shall be signed by a person described in paragraph (a) of 40 CFR Part 122.22(1), or by a duly authorized representative of that person, and make the following 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."

Signature _____ Date _____

Print Name _____