



## CAFO Annual Report

### General Information

Permit Number:		Reporting Period (01/01/yyyy – 12/31/yyyy):	
Facility Name:			
Contact Name:			
Facility Address:			
Facility Town:	Facility State:		Facility Zip Code:
Facility Telephone:		Contact Telephone (if different from Facility Telephone):	
Email Address:			

### Part I: Type and Number of Animals

*Report the maximum number of each type of animal confined at the facility at any one time.*

Type	Number in Open Confinement	Number Housed Under Roof
Mature Dairy Cows		
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)		

## Part II. Manure, Litter and Agricultural Wastewater Production

*Report the estimated amount of manure, litter, and agricultural wastewater that were generated at the facility or received in the 12-month period covered by this report.*

A.	Amount of manure generated <i>or received</i> in the 12-month period covered by this report. _____ gallons, tons
B.	Amount of litter generated <i>or received</i> in the 12-month period covered by this report. _____ tons
C.	Amount of agricultural wastewater generated <i>or received</i> in the 12-month period covered by this report. _____ gallons

## Part III. Manure, Litter, and Agricultural Wastewater Transferred to Other Persons

*Report the estimated amounts of manure, litter, and agricultural wastewater that were transferred to other persons in the 12-month period covered by this report.*

A.	Amount of manure transferred in the 12-month period covered by this report. _____ gallons, tons
B.	Amount of litter transferred in the 12-month period covered by this report. _____ tons
C.	Amount of agricultural wastewater transferred in the 12-month period covered by this report. _____ gallons

## Part IV. Land Application – Acres Covered by Plan

*Report the total number of acres of land that are covered by the facility's nutrient management plan. 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
---

## Part V. Land Application – Acres Used

*Report the total number of acres of land where manure, litter, or agricultural wastewater generated at the facility was spread. Include only land application areas that under the control of this CAFO facility.*

Total number of acres under the control of the CAFO used for land application of manure, litter, or agricultural wastewater in the 12-month period covered by this report. \_\_\_\_\_ acres

## Part VI. Summary of Discharges

*Provide a summary of each discharge of manure, litter, and/or agricultural wastewater from the production area(s) that occurred in the 12-month period covered by this report. Attach additional sheets, if needed.*

Date <sup>a</sup>	Time <sup>b</sup>	Volume <sup>c</sup>	Location <sup>d</sup>	Description <sup>e</sup>

*a. **Date:** The date of the discharge. If the discharge was detected after it happened, give an estimate of the date when the discharge occurred.*

*b. **Time:** The time of the discharge. If the discharge was detected after it happened, give an estimate of the time when the discharge occurred.*

*c. **Volume:** Give an estimate of the number of gallons or tons of manure, litter, or agricultural wastewater discharged.*

*d. **Location:** The location of the discharge. Provide a specific description of where the manure, litter, or agricultural wastewater was discharged from the production area. Include names of nearby waterbodies, landmarks or other points of reference (e.g., Three Mile Creek, at southeast corner of feedlot where creek bends to the west).*

*e. **Description:** Provide other relevant information about the discharge, including the source, cause, composition (e.g., emergency overflow of wastewater from lagoon).*

## Part VII. Nutrient Management Plan

Was the current version of this facility's nutrient management plan prepared or approved by a certified conservation planner? ☐ Yes ☐ No

Was CT NRCS Conservation Practice Standard 590 Nutrient Management used to calculate all nutrients to be land applied? ☐ Yes ☐ No

## Part VIII. Land Application Summary

- A. Report the nitrogen (N) and phosphorus (P) content of manure, litter, and agricultural wastewater using the results of the most recent representative manure, litter, and agricultural wastewater tests for N and P. Report the form of N and P used for nutrient management planning purposes in the *Nutrient form* column.

*Note: Large CAFOs must present results taken within 12 months of the date of land application of the manure, litter, digestate and agricultural wastewater.*

### Nutrient Form

Manure N Content \_\_\_\_\_ lbs/ton as \_\_\_\_\_

Manure P Content \_\_\_\_\_ lbs/ton as \_\_\_\_\_

Litter N Content \_\_\_\_\_ lbs/ton as \_\_\_\_\_

Litter P Content \_\_\_\_\_ lbs/ton as \_\_\_\_\_

Agricultural Wastewater N Content \_\_\_\_\_ lbs/1,000 gallons as \_\_\_\_\_

Agricultural Wastewater P Content \_\_\_\_\_ lbs/1,000 gallons as \_\_\_\_\_

- B. For each field, report the actual crop(s) planted, the season (for multiple crops planted in one field), the actual crop yield, and the amount of manure, litter, and agricultural wastewater applied to each field during the previous 12-month period. Attach additional sheets if necessary.

Field ID	Season	Crop Planted	Crop Yield (specify units)	Amount to be applied as calculated according to the NMP			Actual amount applied		
				Manure (gallons, tons)	Litter (tons)	Agricultural Wastewater (gallons)	Manure (tons, gallons)	Litter (tons)	Agricultural Wastewater (gallons)

- C. Comments (e.g., "Actual amounts of manure applied are greater than the planned amounts due to a drop in the amount of N analyzed in the manure test.")

D. For each field used for land application, report the results of the most recent soil nutrient analyses for any soil test taken in the last 12 months and supplemental fertilizer applied to each field during the previous 12-month period.

12 month period							
Field ID	Most recent soil test results					Supplemental fertilizer applied (pounds/acre)	
	Nitrogen		Phosphorus				
	ppm	N form	ppm	P form	method	N applied	P applied

## Part IX. Instances of Noncompliance Not Previously Reported

During the past 12 months have there been any instances of noncompliance that have not been reported to the permitting authority? ☐ Yes ☐ No

If yes, please provide the information requested below.

*Note: This information is required to be submitted under 40 CFR 122.31(1)(7) and 40 CFR 122.44(i)(2).*

If during the past 12 months instances of noncompliance have occurred that have not been reported to the permitting authority please provide the following information, for each instance, along with this annual report:

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

## Part X. Changes to CNMP

If the CNMP has changed since the previous submission, provide the most current version of the CAFO's CNMP with the annual report.

Changes requiring resubmittal:

- Addition or loss of land application areas.
- Addition of any crops not previously grow and associated field specific application rate?
- Site specific changes that are likely to increase the risk of pollution.

## Part XI. Certification

I certify under penalty of law that this document and all attachments were prepared under my direct supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this 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: \_\_\_\_\_

Submit by January 31<sup>st</sup> after the reporting period by emailing the Annual Report Form and attachments to [cafo.coordinator@ct.gov](mailto:cafo.coordinator@ct.gov), or if applicable, attaching this Annual Report Form to your NetDMR.