

**UPDES CAFO GENERAL PERMIT  
ANNUAL REPORT**

Due April 1st of each year  
(Attach additional sheets if needed)

**1. UPDES Permit Number:** UTG

**2. Facility Name:**

**3. Reporting period:** January 1, 20\_\_\_\_ through December 31, 20\_\_\_\_.

**4. Report submitted by:**

**5. Type of animals, number of animals, and type of confinement.**

(Please report the maximum number of animals confined at any one time for the reporting period)

<b>Animal Type</b>	<b>Number of Animals</b>	<b>Confinement Type</b> (Open Lot, Housed, etc.)
Beef		
Veal Calves		
Broilers		
Layers		
Turkeys		
Swine under 55 lbs.		
Swine over 55 lbs.		
Cows (dry & milking)		
Heifers		
Sheep & Lambs		
Horses		
Other		

**6. Summary of the wastes generated and transferred during the year.**

a. Estimated amount of manure generated during the year (tons and /or gallons):

b. Estimated amount of litter generated during the year (tons):

c. Estimated amount of compost generated during the year (tons):

d. Estimated amount of process wastewater generated during the year (gallons):

e. Estimated amount of manure transferred to other persons during the year (tons and/or gallons):

f. Estimated amount of litter transferred to other persons during the year (tons):

g. Estimated amount of compost transferred to other persons during the year (tons):

h. Estimated amount of wastewater transferred to other persons during the year (gallons):

**7. Acres of land application during the year.**

a. Total number of acres for land application covered by the NMP:

b. Total number of acres under control of the CAFO that were used for land application of manure, litter, compost, and process wastewater during the year:
<b>8. Manure, litter, compost, and wastewater discharges and spills from the production area that occurred during the year. (Include any permit-allowed discharges).</b>
<b>a. First Discharge</b>
Date and time of discharge:
Estimated volume of discharge:
Where did the discharge go:
Description of how discharge occurred:
What was done to address the discharge:
<b>b. Second Discharge</b>
Date and time of discharge:
Estimated volume of discharge:
Where did the discharge go:
Description of how discharge occurred:
What was done to address the discharge:
<b>c. Third Discharge</b>
Date and time of discharge:
Estimated volume of discharge:
Where did the discharge go:
Description of how discharge occurred:
What was done to address the discharge:

**9. Certified Planner Approval Statement**

I certify that the **current** NMP implemented and utilized at my facility was approved by a NRCS approved certified planner.

\_\_\_\_\_  
Operator Signature

\_\_\_\_\_  
Date

**10. NMP information and land application summary. (attach additional pages if needed).**

a. The actual crop(s) planted and actual yields for each field:

b. The actual nitrogen and phosphorus content of the manure, litter, compost, and process wastewater

c. The results of the calculations conducted in accordance with the Narrative Rate Approach in IX.E of the permit:

IX.E.1.a.

IX.E.1.b.

d. The amount of manure, litter, compost, and process wastewater applied to each field during the previous 12 months:

e. The following information is required for Narrative Rate approach NMPs:

i) The results of any soil testing for nitrogen and phosphorus taken during the previous 12 months:

ii) The data used in calculations to determine maximum amounts of manure, compost, litter, and process wastewater to be land applied at least once each year according to IX.C.1.d:

iii) The amount of any supplemental fertilizer applied during the previous 12 months:

**11. Permittee Certification Statement**

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 gather and evaluate 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.

\_\_\_\_\_  
Operator Signature

\_\_\_\_\_  
Date