

New York State Department of Environmental Conservation

Division of Water

Bureau of Water Permits, 4th Floor

625 Broadway, Albany, New York 12233-350

Phone: (518)402-8111 • Fax: (518)402-9029

Website: www.dec.state.ny.us



Appendix D

Concentrated Animal Feeding Operation (CAFO) Annual Compliance Report

GENERAL PERMIT (GP-04-02)

State Pollutant Discharge Elimination System (SPDES)

Concentrated Animal Feeding Operations (CAFOs)

This report is to be submitted to the Department at the above address and to the DEC Regional Water Engineer (Contact list attached) for the calendar year and must be submitted by March 31st of each year. The permittee shall report all other instances of non-compliance with permit conditions not otherwise required to be reported under this permit in this report.

SECTION I: FACILITY INFORMATION

DEC Authorization Number: **7-05-99-071**

Report for Calendar Year: **2015**

DEC SPDES No: **NYA00326**

Owner/Operator Name: **DUAWE/GARY ALLEN**

Facility Name: **ALLEN FARMS**

SECTION II: TYPE AND NUMBER OF ANIMALS

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

Type	Number in Confinement
Mature Dairy Cattle	1,817
Dairy Heifers	1,488
Veal Calves	
Other Cattle	
Swine (55 lbs. or more)	
Swine (under 55 lbs.)	
Horses	
Sheep or Lambs	
Turkeys	
Chicken (broilers)	
Chicken (layers)	
Ducks	
Other (specify)	

SECTION III: MANURE, LITTER, AND PROCESS WASTEWATER PRODUCTION

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

- Amount of manure generated in the 12-month period covered by this report (tons) **72,546.00**
- Amount of litter generated in the 12-month period covered by this report (tons) _____
- Amount of process wastewater generated in the 12-month period covered by this report (gallons) _____

SECTION IV: MANURE, LITTER, AND PROCESS WASTEWATER TRANSFERRED TO OTHER PERSONS

Maintain records showing the date and amount of manure, litter, and/or process wastewater that leaves the permitted operation when the amount given to any one recipient exceeds 50 tons annually.

- Amount of manure transferred in the 12-month period covered by this report (tons) **1,316.00**
- Amount of litter transferred in the 12-month period covered by this report (tons) _____
- Amount of process wastewater transferred in the 12-month period covered by this report (gallons) _____

SECTION V: LAND APPLICATION OF MANURE, LITTER, AND PROCESS WASTEWATER

Report the total number of acres of land that are covered by this facility's comprehensive 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) **3,583.00**

Report the total number of acres of land that are covered by this facility's comprehensive 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 acres under the control of the CAFO used for land application in the 12-monthe period covered by this report (acres) **3,064.00**

SECTION VI: INSTANCES OF NON-COMPLIANCE NOT PREVIOUSLY REPORTED

During the past 12-months, have there been any instances of noncompliance which have not been reported to the Department?

NO

If yes, please provide the information requested below.

If during the past 12 months, there have been instances of non-compliance which have not been reported to the Department please provide the following information, for each instance, along with this annual report:

- Description of non-compliance and it's cause

- The period that the operation was in non-compliance with permit conditions, including exact dates and times.
- In those cases where the non-compliance 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 non-compliance.

SECTION VII: ANNUAL COMPLIANCE CERTIFICATION

During the last 12 months, were there any changes in design, construction, operation (e.g. expansion) or maintenance of your facility, where such changes may have a significant effect on the discharge of pollutants to the water of the State? **YES** _____

If yes, has your CNMP been amended to address these changes?

YES _____

If no to the question at the bottom of the previous page, please explain.

During the last 12 months, has your CNMP been ineffective in achieving the general objectives of controlling pollutants in discharges from your CAFO?

NO

If yes, has your CNMP been amended to address these circumstances?

If no, please explain.

Do you know or have reason to know of a discharge during the last 12 months of your CAFO's process wastewater that caused deposition of solids, substantial visual contrast or impacts to fish or otherwise violated 6 NYCRR Parts 700 to 750?

NO

If yes, please attach copies of the submitted Incident Reports (Appendix E).

SECTION VIII: CNMP COMPLETION SCHEDULE

List each of the following CNMP Practices that are included in your CNMP Completion Schedule.

- **Barnyard Runoff Management** Write "Barnyard Runoff Management" in the first column of the CNMP Completion Schedule for any one or more of the following: roof water management, diversion, heavy use area protection, underground outlet, fencing critical area planting, filter area, etc.
- **Silage Leachate Control** Write "Silage Leachate Control" in the first column of the CNMP Completion Schedule for any one or more of the following: filter area, pipeline, heavy use area protection, etc.
- **Storage, Transfer Treatment** Write "Storage, Transfer Treatment" in the first column of the CNMP Completion Schedule for any one or more of the following: composting, anaerobic digestion, etc.
- **Process Wastewater Treatment** Write "Process Wastewater Treatment" in the first column of the CNMP Completion Schedule for any one or more of the following: pipeline, filter area, organic matter filter bed, etc.
- **Nutrient Management** Write "Nutrient Management" in the first column of the CNMP Completion Schedule for any one or more of the following non-structural practices: proper land application of manure - soil analysis; manure analysis; N-Leach Index; P-Index; rate, timing and placement; feed/forage management, etc.
- **Record Keeping** Write "Record Keeping" in the first column of the CNMP Completion Schedule for any one or more of the following non-structural practices: facilities and BMP visual inspections, manure spreading records, equipment calibration records, rainfall records, etc.
- **Erosion/Runoff Management** Write "Erosion/Runoff Management" in the first column of the CNMP Completion Schedule for any one or more of the following: filter strips, buffers, diversion, waterway, terrace, cover crop, conservation tillage, strip cropping, etc.
- **Pasture Management** Write "Pasture Management" in the first column of the CNMP Completion Schedule for any one or more of the following non-structural practices: prescribed grazing, pasture and hayland planting, etc.
- **Other Systems** Explain.

Please list first all practices which are non-structural (e.g. nutrient management, record keeping, and pasture management) as described in footnote 2. Then list all practices that are in response to high-risk conditions as described in footnote 3. After the non-structural practices and practices that are in response to high risk conditions are listed, list all other practices.

CNMP PRACTICE	ESTIMATED COMPLETION DATE	PRACTICES PLANNED	PRACTICE COMPLETE	NON STRUCTURAL	RESPONSE TO HIGH RISK COND	ESTIMATED COST
STORAGE, TRANSFER, & TREATMENT	9/1/2016	6	6	NO	NO	\$800,000.00

(1) Estimated Completion Date - These dates may change.

(2) Non-Structural Practices (group separately from other practices) - Include all non-structural practices unless the certified planner and the owner and operator determine that a structural practice that is not scheduled to be installed is required in order for the non-structural practice to be fully operational. Information for practices for which this column is marked "yes" are to be reported on a separate line(s) from those not marked "yes".

(3) Response to High-Risk Conditions (group separately from other practices) - Include practices that respond to conditions identified by the certified Agricultural Environmental Management (AEM) Planner that have the high likelihood of significant water quality impacts. The AEM planner may use the AEM program to determine high risk conditions. Information for practices for which this column is marked "yes" are to be reported on a separate line.

(4) Estimated CNMP Practice Costs - The owner or operator may wish to use the NRCS guidance document entitled "Costs Associated With Development and Implementation of Comprehensive Nutrient manag3ement Plans". The estimated CNMP practice costs will be used by the Department to determine the total costs associated with development and implementation of CNMPs in New York State.

Attach additional completion schedule pages as necessary

SECTION IX: PLANNER CERTIFICATION

I hereby certify that:

I am an Agricultural Environmental Management (AEM) Planner certified to develop and review Comprehensive Nutrient Management Plans (CNMPs) for Concentrated Animal Feeding Operation (CAFOs) in New York State.

The Comprehensive Nutrient Management Plan (CNMP) developed for this operation is in full conformance with the requirements of "NRCS Conservation Practice Standard No. NY312" and New York State General Permit No. GP-04-02 for Concentrated Animal Feeding Operations, under authority of the New York State Pollutant Discharge Elimination System.

I have reviewed the Comprehensive Nutrient Management Plan (CNMP) with the owner and/or operator responsible for the proper operations of this CAFO.

NAULT, JACQUES

Name (please print or type)

Date

SECTION X: OWNER/OPERATOR 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.

DUAWE/GARY ALLEN

Name (please print or type)

Date