

**AGENCY USE ONLY**

<b>PERMIT NO.:</b>	<b>Date Rec'd.:</b>	<b>Amount Rec'd.:</b>	<b>Check No.:</b>	<b>Rec'd By:</b>
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**FORM  
AR2**

## CAFO Annual Report

This form is to be completed by all Concentrated Animal Feeding Operations (CAFO) authorized under a Montana Pollutant Discharge Elimination System (MPDES) permit. This form must be completed, signed, and submitted to the Montana Department of Environmental Quality (DEQ) by the 28th day of January following each year in which a CAFO had MPDES discharge coverage. Please read the attached instructions before completing this form. You must print or type legibly; forms that are not legible or are not complete will be rejected. Do not leave blank spaces; if a question is not applicable put and 'NA' in the space provided. If additional space is needed, the permittee may attach additional pages with specific reference to the section of the form being elaborated on. You must maintain a copy of the completed form for your records. Blank copies of this form are available at: <http://deq.mt.gov/wqinfo/mpdes/cafo.mcp>

**Section A - Permit Authorization Number for Facility**

**M T G**    \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

**Section B - Facility or Site Information (See instruction sheet)**

**Site Name** \_\_\_\_\_

**Site Location** \_\_\_\_\_

**Section C - Permittee (Owner/Operator) Information:**

**Owner or Operator Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City, State, and Zip Code** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Email** \_\_\_\_\_

**Provide a topographic map of the geographic area in which the CAFO is located showing the specific location of the production area.**

**Number of Acres Contributing Drainage from Production Area** \_\_\_\_\_ **Acres**

**Section D – Type and Number of Animals:**

Report the maximum number of each type of animal confined at this facility at any one time during the 12 month 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		

**Section E – Manure, Litter and Process Wastewater****Waste Production:**

Estimate the amount of manure, litter and process wastewater generated by your facility during the last calendar year

- a. Liquid/Slurry manure, litter and process wastewater \_\_\_\_\_ Gallons.  
 b. Dry manure and litter \_\_\_\_\_ Tons.

**Waste Transfer**

Estimate the amount of manure, litter and process wastewater transferred from your facility, to other persons, during the last calendar year.

- a. Liquid/Slurry manure, litter and process wastewater \_\_\_\_\_ Gallons.  
 b. Dry manure and litter \_\_\_\_\_ Tons.

**Land Application**

- a. Report the total number of acres of land that are covered by this facility's Nutrient Management Plan (NMP), developed in accordance with the applicable technical standards. Include all land application acres covered by the NMP, whether or not they were used for land application during the calendar year covered by this report. \_\_\_\_\_ Acres.  
 b. Report the total number of acres, under the control of the CAFO, that were actually used for land application of manure, litter, or process wastewater in the past calendar year covered by this report. \_\_\_\_\_ Acres

**Section F - Discharge Summary**

Provide a summary of each discharge of manure, litter, and/or process wastewater from the production area that occurred in the past year covered by this report. Attach additional sheets, if needed.

Date	Time	Volume

**Section G - Land Application Summary**

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

Note: Large CAFO using the linear approach and all CAFOs using the narrative rate approach must present results taken within 12 months of the date of land application of the manure, liter and processes 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 _____
Process Wastewater N Content	_____ lbs/1,000 gal.	as _____
Process Wastewater P Content	_____ lbs/1,100 gal.	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, process wastewater, and supplemental fertilizer applied to each field during the previous 12-month period. Attach additional sheets if necessary.

Field ID	
Season/Month	
Crop Planted	
Crop Yield (specify units)	
Amount to be applied as calculated according to the NMP methodology	
Manure (tons)	
Litter (tons)	
Process wastewater (gallons)	
Actual amount supplied	
Manure (tons)	
Litter (tons)	
Process wastewater (gallons)	

C. Comments (Eg., “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 CAFO,s with NMPs developed using *the narrative rate approach only* as described under 40 CFR 122.42(e)(5)(ii): 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.

Field ID	Most recent soil test results					Supplemental fertilizer (lbs/acre)	
	nitrogen		Phosphorus			N applied	P applied
	ppm	N form	ppm	p form	method		
		as		as			
		as		as			
		as		as			
		as		as			
		as		as			
		as		as			

**Section H – Certification**

**All Applicants Must Complete 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 gather and evaluate the information submitted. Based on my inquiry of the 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. [75-5-633, MCA]

A. Name (Type or Print)	
B. Title (Type or Print)	C. Phone No.
D. Signature	E. Date Signed

*Return the Form NMP, Nutrient Management plan to:*

Department of Environmental Quality  
 Water Protection Bureau  
 PO Box 200901  
 Helena, MT 59620-0901  
 (406) 444-3080

# INSTRUCTIONS FOR Form AR2 – CAFO Annual Report Form

## **Who Must Complete This Form?**

This form must be completed by all permittees authorized to discharge under the MPDES, CAFO General Permit or an individual MPDES, CAFO permit. This form must be completed, signed, and submitted to the Department by the 28th day of January following each year in which the permittee has permit coverage. The permittee should review his or her permit and authorization letter to identify any additional reporting requirements.

*Do not leave blank spaces; if a question does not apply, put “NA” in the space provided. Enter the information as requested; do not write “same as Section XYZ” or “see above.”* Please type or print legibly; applications that are not legible will be returned. Please review this form and its associated instructions well in advance of the date by which it must be completed and submitted to the Department. If, after reviewing the form and instructions, you still have questions regarding how to fill out the form, please contact the Water Protection Bureau at (406) 444-3080.

## **Section A – Permit Authorization Number for Facility:**

Provide the MPDES permit number for the facility.

## **Section B – Facility or Site Information:**

The “Site Name” must be identical to the facility name indicated on your most recently submitted permit application. The “Site Location” must be identical to the facility location indicated on your most recently submitted permit application.

## **Section C – Permittee (Owner/Operator) Information:**

The information in Section C of the AR2 form must be identical to the information you provided in Section C of your most recently submitted permit application.

## **Section D – Manure, Litter and Process Wastewater:**

If manure is handled as a liquid, and then as a solid and a liquid, do not count the same manure twice.

*Example:* A hog facility stores manure slurry in under-floor pits, and then processes the slurry using a solids separator. From the separator, liquids are pumped to a lagoon, then land-applied through a pivot irrigation system; solids are stored on a stacking pad and then transferred to a neighboring farmer for use on his land. The neighboring farmer controls where the solids are land-applied, as well as the rate at which they are applied. In a calendar year, 2 million gallons of manure slurry is pumped from the under-floor pits to the separator. 1.5 million gallons of separated liquid is added to the lagoon, and 250 tons of separated solids are added to the stacking pad. Ultimately, after evaporation/decomposition losses, 1.3 million gallons of waste are applied through the pivot system, and 230 tons of solids are transferred to the neighboring farmer. The permittee would report having generated 1.3 million gallons of liquid/slurry manure, and 230 tons of dry manure. The permittee would report having transferred 0 gallons of liquid/slurry manure, and 230 tons of dry manure.

## **Section F – Discharge Summary:**

Please review the terms and conditions of your permit and authorization letter for additional discharge reporting requirements. Discharges from the production area include, but are not limited to overflows from waste containment structures, inundation of part or all of the production area as a result of flooding, and accidental waste spillage that occurs during the transfer of wastes from the production area to the land application area (e.g. if a distribution pipe ruptures or a haul truck overturns). Discharges must be reported, even if they did not reach state waters. If a discharge occurs over the course of multiple days (e.g. if a flood occurs and several days go by before the floodwaters recede), include a start date and an end date in the “Date” column. If a discharge occurs over the course of several hours (e.g. if a rupture in a distribution pipe goes undiscovered all morning), indicate the hours during which the discharge took place. Estimate the total volume of waste discharged during the course of each discharge event.

***Section H – Certification:***

This form must be completed, signed, and certified by an appropriate individual as described under “Permittee Information”. This form may not be completed, signed, and certified by a secretary, an office assistant, a hired hand, a private consultant doing work for the permittee, or any other such individual who does not meet the stated criteria