



WATER PROTECTION BUREAU

Agency Use

Permit No.:

Date Rec'd

Amount Rec'd

Check No.

Rec'd By

FORM AR-CAFO

Annual Report (AR2) Form General Permit for Concentrated Annual Feeding Operations (CAFO GP) MTG010000

This form is to be completed by all Concentrated Animal Feeding Operations (CAFO) authorization 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 of 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 an '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. A CAFO must maintain a copy of the completed annual report form in its records.

Section 1 - Facility or Operation Information

1.1 Facility Information

Permit Authorization Number: MTG010 _____

Facility Name _____

Location (Physical address or Directions) _____

Nearest City or Town _____

Zip Code, County _____

Facility Latitude, Longitude _____

Township/Range/Section (optional) _____

1.2 Operation Contact Person/Position:

Name, Title _____

Company Name _____

Mailing Address _____

City, State, Zip Code _____

Contact Information Phone (____) _____ Email _____

1.3 Authorized Representative: Same as facility contact

Name, Title _____

Company Name _____

Mailing Address _____

City, State, Zip Code _____

Contact Information Phone (____) _____ Email _____

Section 2 – Summary of Findings

2.1 Nutrient Management Plan:

Was the current version of the CAFO’s NMP developed and/or approved by a certified nutrient management planner?

Yes No. If no, provide name and title of nutrient management planner: _____

2.2 Animal Confinement:

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

Animal type	Number in Open Confinement	Number Housed Under Roof
Mature Dairy Cows		
Veal Calves		
Cattle including dairy Heifers		
Swine (55 lb. or over)		
Swine (55 lb. or under)		
Horses		
Sheep or Lambs		
Turkeys		
Chicken broilers -includes juveniles		
Chickens layers – includes juveniles		
Ducks		
Other (specify):		
Other (specify):		

2.3 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

2.4 Discharge Summary:

Production Area:

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	Approximate Volume

Land Application Summary:

- a. Report the nitrogen (N) and phosphorus (P) content of manure, litter, and process wastewater using the results of the most recent representative manure, litter and process wastewater tests for N and P. Report the form of N and P used for nutrient management plan used for 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, litter 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/1,000 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:
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):

a. 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.”)

b. CAFOs with NMPs developed using *the narrative rate approach only*: 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		

c. Indicate whether any soil testing for nitrogen and/or phosphorus was conducted during the preceding 12 months.
 Yes. If yes, attach results No

Section 3 – Certification

Authorized Signatories - This form must be completed, signed, and certified as follows:

- For a corporation, by a principal officer of at least the level of vice president;
- For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
- For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official.

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 a fine and imprisonment for knowing violations.

Name (Type or Print)

Title (Type or Print)

Phone Number

Signature

Date Signed