ANIMAL FACILITY ANNUAL CERTIFICATION FORM

Certification for (previous) Calendar Year: 20______  Today’s Date: ________________

Certificate of Coverage or Permit Number ____________________________  County ____________________________

Facility Name (as shown on Certificate of Coverage or Permit) ____________________________

Operator in Charge for this Facility ____________________________ Certification # ____________________________

Land application of animal waste as allowed by the above permit occurred during the past calendar year _______ YES _______ NO. If NO, skip Part I and Part II and proceed to the certification. Also, if animal waste was generated but not land applied, attach an explanation on how the animal waste was handled.

Part I: Facility Information:
1. Total number of application Fields ☐ or Pulls ☐ (please check the appropriate box) in the Certified Animal Waste Management Plan (CAWMP): _______________
   Total Useable Acres approved in the CAWMP _______________
2. Total number of Fields ☐ or Pulls ☐ (please check the appropriate box) on which land application occurred during the year: _______________  Total Acres on which waste was applied _______________
3. Total pounds of Plant Available Nitrogen (PAN) applied during the year for all application sites: ___________________________________
4. Total pounds of Plant Available Nitrogen (PAN) allowed to be land applied annually by the CAWMP and the permit: __________________________
5. Estimated amount of total manure, litter and process wastewater sold or given to other persons and taken off site during the year ________________ tons ☐ or gallons ☐ (please check the appropriate box)
6. Annual average number of animals by type at this facility during the previous year:
   _____________________________________________________________________________________________________
7. Largest and smallest number of animals by type at this facility at any one time during the previous year:
   Largest ___________________________________________________________________________________________________
   Smallest ___________________________________________________________________________________________________
8. Facility’s Integrator, if applicable: __________________________________________________________

Part II: Facility Status:

IF THE ANSWER TO ANY STATEMENT BELOW IS “NO”, PLEASE PROVIDE A WRITTEN DESCRIPTION AS TO WHY THE FACILITY WAS NOT COMPLIANT, THE DATES OF ANY NON COMPLIANCE, AND EXPLAIN CORRECTIVE ACTION TAKEN OR PROPOSED TO BE TAKEN TO BRING THIS FACILITY BACK INTO COMPLIANCE.

1. Only animal waste generated at this facility was applied to the permitted sites during the past calendar year. ☐ Yes ☐ No
2. The facility was operated in such a way that there was no direct runoff of waste from the facility (including the houses, lagoons/storage ponds and the application sites) during the past calendar year. □ Yes □ No

3. There was no discharge of waste to surface water from this facility during the past calendar year. □ Yes □ No

4. There was no freeboard violation in any lagoons or storage ponds at this facility during the past calendar year. □ Yes □ No

5. There was no PAN application to any fields or crops at this facility greater than the levels specified in this facility’s CAWMP during the past calendar year. □ Yes □ No

6. All land application equipment was calibrated at least once during the past two calendar years. □ Yes □ No

7. Sludge accumulation in all lagoons did not exceed the volume for which the lagoon was designed or reduce the lagoon’s minimum treatment volume to less than the volume for which the lagoon was designed. □ Yes □ No

8. A copy of the Annual Sludge Survey Form for this facility is attached to this Certification. □ Yes □ No

9. Soils analysis were performed within the last three years on each field receiving animal waste during the past calendar year? □ Yes □ No

10. Soil pH was maintained as specified in the permit during the past calendar year? □ Yes □ No

11. All required monitoring and reporting was performed in accordance with the facility’s permit during the past calendar year. □ Yes □ No

12. All operations and maintenance requirements in the permit were complied with during the past calendar year or, in the case of a deviation, prior authorization was received from the Division of Water Resources. □ Yes □ No

13. Crops as specified in the CAWMP were maintained during the past calendar year on all sites receiving animal waste and the crops grown were removed in accordance with the facility’s permit. □ Yes □ No

14. All buffer requirements as specified on the permit and the CAWMP for this facility were maintained during each application of animal waste during the past calendar year. □ Yes □ No

“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 fines and imprisonment for knowing violations.”

____________________________
Permittee Name and Title (type or print)

____________________________
Signature of Permittee

____________________________
Date

____________________________
Signature of Operator in Charge
(if different from Permittee)

____________________________
Date