

NMP template – Permittee

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<b>EPA NUTRIENT MANAGEMENT PLAN</b>		
<b>I. GENERAL INFORMATION</b>		
Applying for:    Individual Permit <input type="checkbox"/> Coverage Under General Permit <input type="checkbox"/>		
<b>A. TYPE OF BUSINESS</b>	<b>B. CONTACT INFORMATION</b>	<b>C. FACILITY OPERATION STATUS</b>
<input type="checkbox"/> 1. Concentrated Animal Feeding Operation).  <input type="checkbox"/> 2. Concentrated Aquatic Animal Production Facility	Owner/or Operator Name: _____ Telephone: (____) _____ Facsimile: (____) _____ Address: _____ City: _____ State: ____ Zip Code: ____	<input type="checkbox"/> 1. Existing Facility  <input type="checkbox"/> 2. Proposed Facility
<b>D. FACILITY INFORMATION</b>		
Name: _____ Telephone: (____) _____ Address: _____ Facsimile: (____) _____ City: _____ State: _____ Zip Code: _____ County: _____ Latitude: _____ Longitude: _____  If contract operation: Name of Integrator: _____ Address of Integrator: _____		
<b>II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS</b>		
<b>A. NUTRIENT MANAGEMENT PLAN</b>		
1. Is a nutrient management plan being implemented and kept on-site at this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No - A nutrient management plan must be implemented at the time of permitting.		
2. The date of the last review or revision of the nutrient management plan. Date: _____		
<b>B. TYPE AND NUMBER OF ANIMALS</b>		
<b>2. ANIMALS</b>		
1. Type	a) No. In Open Confinement	b) No. Housed Under Roof
<input type="checkbox"/> Mature Dairy Cows		
<input type="checkbox"/> Dairy Heifers		
<input type="checkbox"/> Veal Calves		
<input type="checkbox"/> Cattle (not dairy or veal)		
<input type="checkbox"/> Swine (55 lbs. or over)		
<input type="checkbox"/> Swine (under 55 lbs.)		
<input type="checkbox"/> Horses		
<input type="checkbox"/> Sheep or Lambs		
<input type="checkbox"/> Turkeys		
<input type="checkbox"/> Chickens (Broilers)		
<input type="checkbox"/> Chickens (Layers)		
<input type="checkbox"/> Ducks		
<input type="checkbox"/> Other		
Specify		

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<b>III. NUTRIENT MANAGEMENT</b>				
<b>A. STORAGE: MANURE, LITTER, AND/OR WASTERWATER</b>				
1. Type of Storage	2. Total Capacity (gallons or tons) (attach calculations for determining total capacity)	3 Number of Days of Design Storage Capacity (Assumption)	4. Typical Number of Days Between Removal From Storage (Assumption)	5. Projected Storage Changes (Addition/Subtraction of Storage and Capacity) (Assumption)
<input type="checkbox"/> Anaerobic Lagoon				
<input type="checkbox"/> Aerobic Lagoon				
<input type="checkbox"/> Storage Pond				
<input type="checkbox"/> Evaporation Pond				
<input type="checkbox"/> Aboveground Storage Tanks				
<input type="checkbox"/> Belowground Storage Tanks				
<input type="checkbox"/> Roofed Storage Shed				
<input type="checkbox"/> Concrete Pad				
<input type="checkbox"/> Impervious Soil Pad				
<input type="checkbox"/> Other				
Specify _____				
6. Is the existing containment and/or storage structure(s) constructed and maintained to hold, in addition to all wastes accumulated during the storage period, the direct precipitation and runoff from a 25-year, 24-hour storm? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____				
7. Type of cover maintained on storage: _____				
8. Attach any additional applicable State requirements for storage.				
<b>B. BEST MANAGEMENT PRACTICES</b>				
1. Land Application Best Management Practices Please check any of the following best management practices that are being implemented at the facility to control runoff and protect water quality:				
<input type="checkbox"/> Buffers <input type="checkbox"/> Setbacks <input type="checkbox"/> Conservation Tillage <input type="checkbox"/> Constructed Wetlands <input type="checkbox"/> Infiltration Field <input type="checkbox"/> Vegetative Filter <input type="checkbox"/> Terrace				
<input type="checkbox"/> Other (i.e. Conservation Practices): _____				
2. Attach maps detailing the location of each field, waterway, and best management practices checked above.				
3. For Large CAFOs, optional for Small and Medium CAFOs:				
a) Have you implemented 100-foot setbacks to any down-gradient water of the U.S., open tile line intake structures, sinkholes, agricultural well heads, or other conduits to waters of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No				
b) If no, have you implemented the following alternative: 35-foot vegetated buffer to any down-gradient water of the U.S., open tile intake structures, sinkholes, agricultural well heads, or other conduits to waters of the U.S. where applications of manure, litter, or process wastewater are prohibited. <input type="checkbox"/> Yes <input type="checkbox"/> No				
c) If no, have you implemented: Alternative compliance practices to the 100-foot setback or 35-foot vegetated buffer requirement with prior approval of the permitting authority. <input type="checkbox"/> Yes, please attach description <input type="checkbox"/> No, please attach explanation				
4. For Small and Medium CAFOs:				
a) How far are the land application setbacks from any down-gradient water of the U.S., open tile line intake structures, sinkholes, agricultural well heads, or other conduits to waters of the U.S.? _____ feet.				
5. Attach any additional applicable State requirements for Best Management Practices.				
<b>C. SAMPLING PROCEDURES</b>				



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10. Total number of acres available for land application: \_\_\_\_\_

11. Minimum number of acres needed to utilize available manure according to realistic yield expectations and soil test recommendations, i.e. agronomic rates for:

- a) Total Nitrogen
- b) P2O5

12. If the number of acres of land available is less then the acres of land needed (10. Total number of acres for land application – 11. Minimum number of acres needed to utilize ), explain the utilization/transfer of excess manure:

**Gross and Net Nutrient Needs by Crop Group: Nitrogen Recommendations**

13. Crop Group	14. Acres	15. Expected Yield (per Acre)	16. Nitrogen Needed (lb./Acre)	17. Starter Fertilizer (lb./Acre)	18. Residual Nitrogen (lb./Acre) Manure / Legume		19. Net Nitrogen Needs (lb./ Acre)

**Residual Application and Additional Fertilizer Needs by Crop Group: Nitrogen Recommendations**

20. Crop Group	21. Acres	22. Residual Group	23. Net Nitrogen Needs (lb./Acre)	24. Residual Application Timing	25. % Nitrogen Loss	26. Nitrogen Supplied by Residual (lb./Acre)	27. Total Residual to Apply (lb./Acre)

**Gross and Net Nutrient Needs by Crop Group: Phosphorus Recommendation**

28. Crop Group	29. Acres	30. Expected Yield (per Acre)	31. Phosphorus Needed (lb. P2O5/Acre)	32. Starter Fertilizer (lb./Acre)	33. Net Phosphorus Needs (lb. P2O5/Acre)

**Residual Application and Additional Fertilizer Needs by Crop Group: Phosphorus Recommendation**

34. Crop Group	35. Acres	36. Residual Group	37. Net Phosphorus Needs (lb. P2O5/Acre)	38. Residual Application Timing	39. Phosphorus Available From Manure	40. Phosphorus Supplied by the Residual (lb. P2O5/Acre)	41. Total Residual to Apply



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10. Documentation of the following for each application event: date of application, method of application, weather conditions at the time of application and 24 hours prior to and total amount of N and P applied.  Yes  No
11. Documentation of the crop and expected yield from each field.  Yes  No
12. Documentation of test methods and sampling procedures used to sample and analyze manure, litter and wastewater and soil.  Yes  No
13. Documentation of the basis for the application rates used for each field where manure, litter or wastewater is applied.  Yes  No
14. Documentation showing the total nitrogen and phosphorus to be applied to each field including nutrients from the application of manure, litter and wastewater from other sources.  Yes  No
15. For all manure transfers the CAFO must maintain the following records: date of transfer, name and address of recipient and approximate amount of manure, litter or wastewater.  Yes  No
16. A copy of the current site-specific NMP.  Yes  No

**IV. ADDITIONAL PRACTICES FOR PRODUCTION AREAS****A. ANIMAL MORTALITIES**

Possible Permit Terms: The operator will manage mortalities as indicated in Section IV.A.1, and according to any state technical standards listed in Section IV.A.2. The operator will ensure that animal mortalities are not disposed of in any liquid manure or process wastewater system, and that they are handled in a manner that prevents the discharge of pollutants to surface waters.

## 1. Method of Animal Mortalities Handling

- Composting  
 Rendering  
 Burial  
 Other: \_\_\_\_\_

## 2. Method of Mortality Storage Prior to Final Disposal

**B. DIVERSION OF CLEAN WATER**

- Yes  No : Please describe:

**C. PREVENTION OF DIRECT CONTACT OF ANIMALS WITH WATERS OF THE UNITED STATES**

1. Do the animals have access to waters of the United States?  Yes  No

2. List the measures used to prevent direct contact (e.g. fencing) of animals with waters of the United States:
- \_\_\_\_\_
- \_\_\_\_\_

**D. CHEMICAL HANDLING**

1. Measures taken to prevent the mishandling of pesticides, hazardous and toxic chemicals, and petroleum by-products from contaminating manure and wastewater:

- Chemicals are handled according to the label  
 Chemicals are properly disposed of that have not been used in the past \_\_\_\_\_ months/years  
 Chemical containers are properly disposed  
 Chemicals are not stored in a room with a floor drain  
 Implementation of a Spill Prevention Control and Countermeasure Plan  
 Chemical preparation and equipment wash areas are designed and constructed to prevent contamination of surface waters.  
 Other: \_\_\_\_\_

**V. CERTIFICATION**

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

A. NAME AND OFFICIAL TITLE (PRINT OR TYPE)

B. PHONE NO. ( )

C. SIGNATURE

D. DATE SIGNED