

NMP template – Permittee

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EPA NUTRIENT MANAGEMENT PLAN		
I. GENERAL INFORMATION		
Applying for: Individual Permit <input type="checkbox"/> Coverage Under General Permit <input type="checkbox"/>		
A. TYPE OF BUSINESS	B. CONTACT INFORMATION	C. FACILITY OPERATION STATUS
<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
D. FACILITY INFORMATION		
Name: _____ Telephone: (____) _____ Address: _____ Facsimile: (____) _____ City: _____ State: _____ Zip Code: _____ County: _____ Latitude: _____ Longitude: _____ If contract operation: Name of Integrator: _____ Address of Integrator: _____		
II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS		
A. NUTRIENT MANAGEMENT PLAN		
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. TYPE AND NUMBER OF ANIMALS		
2. ANIMALS		
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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III. NUTRIENT MANAGEMENT				
A. STORAGE: MANURE, LITTER, AND/OR WASTERWATER				
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. BEST MANAGEMENT PRACTICES				
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.				
C. SAMPLING PROCEDURES				

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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		2. Method of Mortality Storage Prior to Final Disposal
<input type="checkbox"/> Composting <input type="checkbox"/> Rendering <input type="checkbox"/> Burial <input type="checkbox"/> Other: _____		

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