



MISSOURI DEPARTMENT OF NATURAL  
WATER PROTECTION PROGRAM

**CONCENTRATED ANIMAL FEEDING OPERATIONS AND ANIMAL FEEDING OPERATIONS**

GENERAL INFORMATION				
PERMIT NO.	PERMITTED NAME	REGION	INSPECTION DATE	
PERSON(S) CONTACTED	TITLE OF PERSON CONTACTED	CLASS SIZE <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IC <input type="checkbox"/> II <input type="checkbox"/> UNCLASSIFIED		
SAMPLES COLLECTED <input type="checkbox"/> YES <input type="checkbox"/> NO	TELEPHONE NUMBER	COUNTY	GPS LOCATION Zone _____ Easting _____ Northing _____	
ANIMAL TYPE(S) AND NUMBERS	DESIGN ANIMAL UNITS	<b>RATING</b> NI-NOT INSPECTED    NA-NOT APPLICABLE M-MARGINAL    S-SATISFACTORY    U-UNSATISFACTORY		
SECTION	APPLICABLE COMPONENT CATEGORIES	ITEM	RATING	REMARKS
<b>Permits</b>	Operating Permit	1*		
	Permit Conditions	2		
	Construction Permit	3*		
	Land Disturbance Permit	4*		
<b>Discharges</b>	Unauthorized Discharge	5*		
	Water Quality Violation	6*		
	Pollution Prevention (putting and placing)	7*		
	Discharge or Release Reported	8*		
	Discharge Records	9*		
	Stream Observed <input type="checkbox"/> Yes <input type="checkbox"/> No	10		
<b>Storage Structures</b>	Structural Integrity	11*		
	Deep-rooted Vegetation on Berms	12		
	Emergency Spillway	13		
	Depth Marker	14		
	Adequate Storage Available	15*		
	Mortalities in Liquid Storage Structures	16		
	Manure Solids, Dry Litter, Calcium	17		
	Notify Within 4 Inches of Upper Operating Level	18*		
<b>Nutrient Management Plan</b>	NMP Current (expiration date)	19		
	Adequate Storage of Manure, Litter, Wastewater	20		
	Proper Management of Mortalities	21		
	Stormwater Diversion	22		
	Prevents Contact of Animals to Waters of State	23		
	Addition of Chemicals	24		
	Setback Distances	25		
	Testing of Manure, Litter, Wastewater, Soil	26		
	Application Rates to Utilize Nutrients	27		
	Records	28		
<b>Secondary Containment (Flush Systems)</b>	Structural Integrity	29		
	Stormwater Diversion Maintained	30		
	Valves Closed, Not Leaking	31*		
	Stormwater Tested	32*		
<b>Land Application (Land Controlled by Facility)</b>	Setback Distances Maintained	33		
	Surface Application Within 24 Hours of Precipitation	34		
	No Application on sloped greater than 20 Percent	35		
	Ground Not Frozen, Snow-Covered, Saturated	36		
	Target Rates are Maintained	37		
	Perimeter of Field Monitored for Runoff	38		
	Application Equipment Calibrated	39		
	Automatic Shut-off and/or Operator On-Site	40*		
	Aboveground Lines Inspected Hourly	41		
	Underground Lines Inspected Twice Daily	42		

SECTION	APPLICABLE COMPONENT CATEGORIES	ITEM	RATING	REMARKS	
<b>Inspections and Records</b>	Permit and NMP Available	43			
	Conditions of NMP Followed	44			
	Weekly Inspections Stormwater Devices	45			
	Daily Inspections Water Lines	46			
	Weekly Impoundment and Levels	47			
	Land Application Equipment	48			
	Corrected Deficiencies	49			
	Each Land Application Event	50			
	Sales or Giveaways	51			
	Mortalities	52			
	Daily Rainfall Records (Liquid Manure Storage)	53			
	Flush Systems every 12 hours (+-3 hours)	54			
	<b>Annual Report Review</b>	Submitted Timely	55*		
		Animal Numbers and Type Confined	56		
Manure, Litter, Wastewater Generated		57			
Manure, Litter, Wastewater Transferred to Others		58			
Number of Acres Covered by NMP		59			
Number of Acres Controlled		60			
NMP Developed/Approved by Certified Planner		61			
Crops Planted and Expected Yields		62			
Manure Nutrient Monitoring		63			
Field Soil Test Monitoring		64			
Weekly Liquid Storage Basin Depth		65			
Actual Flow vs Design Flow		66			
Emergency/Unauthorized Discharge Monitoring		67			
Fresh Water Lake		68			
Stream Monitoring	69				
Secondary Containment Monitoring	70				
<b>General</b>	Dead animal holding and disposal	71			
	Domestic wastewater treatment	72			
	Certified operator	73			
	Other (specify)	74			

**COMMENTS:**

**OVERALL COMPLIANCE RATING**

In Compliance  
 Notice of Violation      Date Issued: \_\_\_\_\_  
 Not in Compliance (NCO \* items)      Return to Compliance By: \_\_\_\_\_

The overall rating for compliance is based only on the specific unit components or categories observed during this inspection. Items marked as NI were not inspected during this inspection. Items marked as NA are not applicable to this facility.

NOTE: If you have any questions, please contact the inspector named below.

INSPECTOR'S NAME (PRINT)	INSPECTOR'S SIGNATURE	TITLE
DEPARTMENT OF NATURAL RESOURCES OFFICE ADDRESS		TELEPHONE NUMBER WITH AREA CODE

	<p>Photo #: 1 Date Taken: By: Facility/Operation: Permit: #MO Location:  Description:</p>
	<p>Photo #: 2 Date Taken: By: Facility/Operation: Permit: #MO Location:  Description:</p>
	<p>Photo #: 3 Date Taken: By: Facility/Operation: Permit: #MO Location:  Description:</p>

Initial \_\_\_\_\_