

## MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM, WATER POLLUTION CONTROL BRANCH

## CONCENTRATED ANIMAL FEEDING OPERATION ANNUAL REPORT

Submit the completed report by February 15 of each year to:
Missouri Department of Natural Resources, Water Protection Program,
P.O. Boy 176 Lefferson City, MO 65102

P.O. Box 176, Jefferson City, For more information or que		'3-751-1300.						
PART I - PERMIT INFORMAT	ΓΙΟΝ							
1. OPERATION NAME				TELEPHONE NUMBER WITH AREA CODE				
ADDRESS (PHYSICAL)		CITY		STATE	ZIP CODE			
ADDRESS (MAILING)				STATE	ZIP CODE			
2. OWNER (PERSON OR LEGAL ENTITY)		•		TELEPHONE NUMBER WITH AREA CODE				
ADDRESS (MAILING)		CITY		STATE	ZIP CODE			
3. PERMIT NUMBER	4. COUNTY	5. REF	PORTING YEAR	1	-			
PART II - SUMMARY INFORI	MATION							
6. NUMBER AND TYPE OF ANIMALS UND			7. NUMBER AND TYPE OF ANIMALS IN OPEN (UN-ROOFED) CONFINEMENT					
8. TOTAL PROCESS WASTE GENERATED	IN REPORTING YEA	R (GAL AND/OR TONS)	9. TOTAL PROCESS WASTE TRANSFERRED TO OTHER PARTIES IN REPORTING YEAR					
10. NUMBER OF ACRES COVERED BY NU	TRIENT MANAGEME	NT PLAN	11. NUMBER OF ACRES USED IN REPORTING PERIOD FOR LAND APPLICATION					
12. ANY CHANGES TO THE NMP IN REPO		3)						
13. DOES THIS SITE SELL, TRANSFER OF YES NO	EXPORT ALL GENE	RATED WASTES?						
PART III - SIGNATURE								
I CERTIFY THAT I AM FAMIL BEST OF MY KNOWLEDGE	AND BELIEF, S		IS TRUE COMPLETE		•			
PRINT NAME	TITLE		SIGNATURE		DATE			
ADDITIONAL COMMENTS OR NOTES:  OPERATION NAME		PERMIT NUMBER		YEAR				
OPERATION NAME		PERMII NUMBER		TEAK				

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PART IV - LAI	ND APPLICATIO	N ANNUAL S	UMMARY	BY FIELD							
OPERATION NAME				PERM	IT NUMBER						
COUNTY YEAR						LAND APPLICA	LAND APPLICATION EQUIPMENT				
SOURCE OF MANURE	TYPE OF MANURE	FIELD ID	ACRES	CROP	PLANNED YIELD	APPLIED LA	APPLIED LAST YEAR AFTER HARVEST		APPLIED DURING THIS YEAR'S GROWING SEASON BEFORE HARVEST		
					BUSHELS OR TONS/ ACRE	GALLONS OR TONS	GAL/ACRE OR TONS/ACRE	GALLONS OR TONS	GAL/ACRE OR TONS/ACRE	LBS N/ACRE	

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PART V – SPILLS AND OVERFLOWS					
Were there any emergency or unauthorized discharges during the reporting period?					
☐ Yes – Attach Sheet 1A. from CAFO Record Keeping Forms					
☐ No Discharges					
PART VI – ANNUAL MANURE TESTING RESULTS					
Attach Sheet 2A. from CAFO Record Keeping Forms					
PART VII – SOIL TESTING RESULTS					
Were soil tests conducted during the reporting period?					
☐ Yes – Attach Sheet 2B. from CAFO Record Keeping Forms					
□ No – Soils will likely be tested again in (month) (year)					

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