



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
CAFO RECORD KEEPING FORMS CHECKLIST

INSTRUCTIONS

1. Use the checklist to determine which of the record-keeping forms are required for your operation and include them in your record-keeping file. Forms for all record-keeping requirements of the MOG01 (NPDES) and MOGS1 (State No Discharge) operating permits are included.
2. There will be multiple copies of some pages due to the unique characteristics of each operation. The forms can be filled out on a computer or they can be printed or copied and kept in a binder.
3. Information on the forms can be used to complete the annual report, which must be submitted by Feb. 15 of each year. Only specified forms need to be submitted with the annual report
4. All records must be retained for five years along with your operating permit and nutrient management plan.

CHECKLIST

OPERATION NAME:	PERMIT NUMBER: MO-	YEAR
MANURE STORAGE		
1A. Spills and Overflows		<input type="checkbox"/>
1B. Liquid Manure Storage Level Readings		<input type="checkbox"/>
1C. Transfers Off-Farm		<input type="checkbox"/>
1D. Rainfall Records (Required only for operations with open liquid storage)		<input type="checkbox"/>
1E. Mortality Management		<input type="checkbox"/>
TESTING RESULTS		
2A. Manure		<input type="checkbox"/>
2B. Soils		<input type="checkbox"/>
INSPECTIONS		
3A. Production Area Visual Inspections		<input type="checkbox"/>
3B. Land Application Area Visual Inspections		<input type="checkbox"/>
3C. Problems and Repairs		<input type="checkbox"/>
LAND APPLICATION		
4A. Operational Monitoring		<input type="checkbox"/>
4B. Nitrogen		<input type="checkbox"/>
4C. Phosphorus		<input type="checkbox"/>

1A - MANURE STORAGE. Spills and Overflows (List any corrective actions taken in 3B.)

PERMIT NUMBER MO-	YEAR
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Date	Time	Cause of Discharge	Location	Discharge Rate gallons or cu. ft./Sec	Discharge Duration	Estimated Volume Discharged ¹ gallons or cu. ft.

Notes
¹ Estimated volume = discharge rate in gallons per second or cubic feet per second x duration (seconds). See record-keeping requirements of your MOG01 or permit, for additional guidance.

Measure discharge or release of spills from manure handling and overflows from manure storages at the property line or immediately prior to entering the receiving stream.

Any discharge of manure, litter, process wastewater, or mortality byproducts to surface waters of the state or release that crosses property boundaries shall be reported to the department as soon as practicable, but no later than 24 hours after the permittee becomes aware of the discharge. MOGS1 permittees see additional reporting requirements in non-compliance reporting requirements of your permit.

If a discharge or release occurs, submit this page with the annual report.

1B - MANURE STORAGE. Liquid Manure Storage Level Readings

MANURE SOURCE		PERMIT NUMBER	YEAR
		MO	
Week	Date	Level Reading - Feet Below Overflow	
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Instructions: Record the liquid level weekly for each unique liquid manure storage structure. Use a separate sheet for each separate structure.

1C - MANURE STORAGE. Transfers (Off-farm)

PERMIT NUMBER					YEAR	
MO						
Source ¹	Date of Transfer	Amount Transferred (gal. or ton)	Info to Buyer (check)		Name of Buyer	Address
			Current Manure Test Results	NMTS ³		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
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Notes
¹ Deep pit, lagoon, basin, tank, sludge, separated solids, litter, mortality compost.
² Agitated, unagitated, cake litter, with or without bedding, composted litter.
³ The current version of the Missouri CAFO Nutrient Management Technical Standard published by the Department of Natural Resources.

1D - MANURE STORAGE. Rainfall (Required for open liquid storage only)

PERMIT NUMBER

YEAR

MO

Day	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
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31												
Monthly Total												
YTD												

Instructions: Collect rainfall data for operations with open liquid manure storages only.

1E - MANURE STORAGE. Method of Mortality Management

PERMIT NUMBER

YEAR

MO

Composting

Rendering

Sent to Landfill

Incineration

Burial¹

Other

Records²:

Notes

¹ In accordance with 10 CSR 20-8.300(10), Class I operations shall not use burial as a method of disposing of routine mortalities. Burial is allowed for disposal for mass mortalities, with approval.

² Information recorded here can include weekly/monthly mortality numbers, mortality and composting procedures, mortality byproduct management, or rendering facilities information.

2A - TESTING RESULTS. Manure Test Results (Annual manure analysis is required for all CAFO's, including export only operations.)

PERMIT NUMBER MO	YEAR
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Source of Manure ¹	Type of Manure ²	Sample Date	Moisture/Dry Matter (%) (Circle one)	Units	TKN	NH ₃ -N	P ₂ O ₅	K ₂ O	NO ₃ -N ³
				lbs./1000 gal lbs/ton					

Notes
¹ Deep pit, lagoon, basin, litter, tank, sludge, separated solids, mortality compost.
² Agitated liquid pit/tank manure, unagitated lagoon/basin effluent, agitated lagoon/basin manure, poultry litter, poultry litter cake, bedded pack manure, stacked manure with or without bedding, composted litter, mortality compost or other composted manure.
³ Report nitrate nitrogen only when applicable.

MOG01 permittees must submit a copy of the lab analysis sheets or this form with the annual report.

2B - TESTING RESULTS. Soil Test

PERMIT NUMBER

YEAR

MO

Field ID ¹	Soil Sampling Date	Units ppm or lbs/ac (circle one)	Soil Test P ²	Soil Test P Rating	CEC (meq/100g)	Organic Matter (%)

Notes
¹ Name of field as identified in nutrient management plan; only include fields under control (owned, rented, or leased) of the CAFO owner or operator.
² Samples should be analyzed using the Bray-1 P soil extraction procedure. If another procedure is used by the soil testing lab, this must be noted on this sheet.

MOG01 permittees must submit a copy of the lab analysis sheet(s) or this form with the Annual Report if soil samples were taken during the year.

3A - INSPECTIONS. Production Area Visual Inspections (List any deficiencies and corrective actions taken in 3C.)

PERMIT NUMBER

YEAR

MO

Week	Stormwater¹ Date and Initial	Water Lines² Date and Initial	Manure Containment Structure³ Date and Initial
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Notes

- ¹ Record the weekly inspections of all stormwater diversion devices directing clean water away from the production area and channeling contaminated water to manure storages.
- ² Record each week the daily inspections of all wastewater lines within the production area and all drinking or cooling water lines that have the potential to leak into manure, litter or process wastewater structures. Record weekly that you inspected daily.
- ³ Record weekly inspections of all manure, litter and process wastewater storage structures.

3C - INSPECTIONS. Problems and Repairs

<small>PERMIT NUMBER</small>	<small>YEAR</small>
MO	

Inspection Date	Deficiencies Noted	Date of Repair¹	Corrective Actions Taken

Notes
¹ Deficiencies not corrected within 30 days shall have an explanation as to why corrective actions were delayed.

4A - LAND APPLICATION. Operational Monitoring

PERMIT NUMBER			YEAR				DATE LAND APPLICATION EQUIPMENT WAS CALIBRATED						
MO													
Source of Manure ¹	Type of Manure ²	Field ID ³	Date of Application	Weather ⁴	Rainfall ⁵	Soil Condition ⁶	Application Method ⁷	Rate gal/ac or tons/ac	Basis ⁸ N or P	PAN ⁹ (lbs/ac)	P ₂ O ₅ (lbs/ac)	Spreadable Acres	Total applied (gal or tons) Circle one

Notes

¹ Deep pit, lagoon/basin, litter, tank, separated solids, compost.

² Agitated liquid pit/tank manure, unagitated lagoon/basin effluent, agitated lagoon, basin manure, lagoon/basin sludge, separated solids, poultry litter, poultry litter cake bedded pack manure, stacked manure with or without bedding, composted litter, mortality compost, other composted manure.

³ Name of field receiving manure as identified in nutrient management plan; only include fields under control (owned, rented or leased) of the CAFO owner or operator.

⁴ Record the weather conditions at the time of application; insert the codes that apply: CL – clear sky, RN – rain, SN – snowing, OV - overcast, FR – temperature below 32 degrees F.

⁵ Record “Before” or “After” if a rainfall event occurred 24 hours prior to or after application.

⁶ Soil condition at time of application: Dry, saturated, muddy, snow-covered or frozen.

⁷ Injection, partial injection, surface application and incorporated (indicate number of days to incorporation), or surface application only.

⁸ Write N or P to indicate if the application rate of the field is nitrogen based or phosphorus based.

⁹ Plant Available Nitrogen.

4B - LAND APPLICATION MONITORING. Nitrogen Summary

PERMIT NUMBER YEAR

MO

Field ID ¹	Spreadable Acres	Planned Crop	Projected Yield (bu. or ton/ac)	Planned N Recommendation ² (lbs/ac)	Actual Applied N (lbs N/ac)			Actual Crop	Actual Yield (bu. or ton/ac)	Actual N Removal ⁴ (lbs/ac)	N Surplus (+) or Deficit (-) ⁴ (lbs N/ac)
					Manure PAN	Other N Sources ³	Total PAN				

Notes
¹ Name of field receiving manure as identified in nutrient management plan; only include fields under control of the CAFO owner or operator.
² University of Missouri fertilizer recommendations should be used.
³ Includes credits from previous legume crops and residual N from previous application.
⁴ Crop N usage rate X actual crop yield, for legumes crop N content X crop yield.
⁵ Total applied PAN minus actual N removal.

4C - LAND APPLICATION MONITORING. Phosphorus Summary

PERMIT NUMBER MO	YEAR
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Field ID ¹	MO Soil Test P Rating	P Index Rating	Planned P Removal Rate ² (lbs P ₂ O ₅ /ac)	Actual Applied P (lbs P ₂ O ₅ /ac) ³			Actual P Removal ⁴ (lbs P ₂ O ₅ /ac)	*Multi-year P Applications	
				P ₂ O ₅ From Manure	Other P ₂ O ₅ Sources	Total P ₂ O ₅		Previous Balance ⁵	Current Balance ⁶

Notes

¹ Name of field as identified in nutrient management plan that is restricted to a P based application, which received manure or is utilizing a “multi-year phosphorus application;” only include fields under control of the CAFO owner or operator.

² Crop P usage rate X crop yield goal (University of Missouri fertilizer recommendations should be used).

³ Enter amount applied for a yearly application or amount applied for a multi-year phosphorous application.

⁴ Crop P usage rate X actual crop yield.

⁵ Enter value from the current balance column from last year’s form.

⁶ For initial year of a multi-year phosphorous application this is the “Total P₂O₅” - Planned P Removal Rate. For subsequent years it is the previous balance - Planned P Removal Rate. If the difference is a negative number enter “0”.

***Multi-year P applications shall be conducted in accordance with 10 CSR 20-6.300(1)(B)14 and the NMTS.**