## ANIMAL FACILITY ANNUAL CERTIFICATION FORM

Ce	ertification for (previous) Calendar Year: 20	Today's Date:
Се	ertificate of Coverage or Permit Number	County
Fa	acility Name (as shown on Certificate of Coverage or Permit)	
Oı	perator in Charge for this Facility	Certification #
	and application of animal waste as allowed by the above permit of YES NO. If NO, skip Part I and Part II and proceed as generated but not land applied, attach an explanation on how the	d to the certification. Also, if animal waste
Pa	art I: Facility Information:	
1.	Total number of application Fields $\square$ or Pulls $\square$ (please check the	ne appropriate box) in the Certified Animal
	Waste Management Plan (CAWMP):	
	Total Useable Acres approved in the CAWMP	
2.	Total number of Fields $\square$ or Pulls $\square$ (please check the appropri-	ate box) on which land application
	occurred during the year: Total Acres on wh	nich waste was applied
3.	Total pounds of Plant Available Nitrogen (PAN) applied during	the year for all application sites:
4.	Total pounds of Plant Available Nitrogen (PAN) allowed to be	land applied annually by the CAWMP and
	the permit:	
5.	Estimated amount of total manure, litter and process wastewate	er sold or given to other persons and taken
	off site during the year tons $\square$ or ga	llons $\Box$ (please check the appropriate box)
6.	Annual average number of animals by type at this facility during	
7.	Largest and smallest number of animals by type at this facility a	at any one time during the previous year:
	Largest	
	Smallest	
8.	Facility's Integrator, if applicable:	
Pa	art II: Facility Status:	
DI C(	THE ANSWER TO ANY STATEMENT BELOW IS " <b>NO"</b> , PLESCRIPTION AS TO WHY THE FACILITY WAS NOT COMFOMPLIANCE, AND EXPLAIN CORRECTIVE ACTION TAKE RING THIS FACILITY BACK INTO COMPLIANCE.	PLIANT, THE DATES OF ANY NON
1.	Only animal waste generated at this facility was applied to the past calendar year.	permitted sites during $\Box$ Yes $\Box$ No

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2.	The facility was operated in such a way that there was no direct runoff of waste from the facility (including the houses, lagoons/storage ponds and the application sites) during the past calendar year.	☐ Yes	□ No
3.	There was no discharge of waste to surface water from this facility during the past calendar year.	☐ Yes	□ No
4.	There was no freeboard violation in any lagoons or storage ponds at this facility during the past calendar year.	☐ Yes	
5.	There was no PAN application to any fields or crops at this facility greater than the levels specified in this facility's CAWMP during the past calendar year.	☐ Yes	□ No
6.	All land application equipment was calibrated at least once during the past two calendar years.	☐ Yes	□ No
7.	Sludge accumulation in all lagoons did not exceed the volume for which the lagoon was designed or reduce the lagoon's minimum treatment volume to less than the volume for which the lagoon was designed.	☐ Yes	□ No
8.	A copy of the Annual Sludge Survey Form for this facility is attached to this Certification.	☐ Yes	$\square$ No
9.	Soils analysis were performed within the last three years on each field receiving animal waste during the past calendar year?	☐ Yes	□ No
10.	Soil pH was maintained as specified in the permit during the past calendar year?	☐ Yes	$\square$ No
11.	All required monitoring and reporting was performed in accordance with the facility's permit during the past calendar year.	☐ Yes	□ No
12.	All operations and maintenance requirements in the permit were complied with during the past calendar year or, in the case of a deviation, prior authorization was received from the Division of Water Resources.	☐ Yes	□ No
13.	Crops as specified in the CAWMP were maintained during the past calendar year on all sites receiving animal waste and the crops grown were removed in accordance with the facility's permit.	☐ Yes	□ No
14.	All buffer requirements as specified on the permit and the CAWMP for this facility were maintained during each application of animal waste during the past calendar year.	☐ Yes	□ No
sup eva tho my	certify under penalty of law that this document and all attachments were prepared under my dervision in accordance with a system designed to assure that qualified personnel properly goluate the information submitted. Based on my inquiry of the person or persons who manages see persons directly responsible for gathering the information, the information submitted is, knowledge and belief, true, accurate, and complete. I am aware that there are significant permitting false information, including the possibility of fines and imprisonment for knowing the possibility of fines and impriso	ather and the syst to the bes enalties fo	l em, or st of or
	Permittee Name and Title (type or print)		

Permittee Name and Title (type or print)

Signature of Permittee

Date

Signature of Operator in Charge (if different from Permittee)