

Animal Waste Treatment and Storage Structure Closure Report Form

(Please type or print all information except for signature)

General Information:

Name of Farm: _____ Facility No: _____ - _____

Owner(s) Name: _____

Mailing Address: _____ Phone No: _____

_____ County: _____

Operation Description (remaining animals only):

o Will there be any confined animals on this facility greater than the permitting threshold levels defined in G.S. § 143-215.10B after the waste treatment and storage structure closure. Yes () No ()

If YES, please provide the following information.

Animal Operation Description:

<i>Type of Swine</i>	<i>No. of Animals</i>	<i>Type of Poultry</i>	<i>No. of Animals</i>	<i>Type of Dairy</i>	<i>No. of Animals</i>
o Wean to Feeder	_____	o Layer	_____	o Milking	_____
o Feeder to Finish	_____	o Non-Layer	_____	o Dry	_____
o Farrow to Wean	_____	<i>Type of Beef</i>	<i>No. of Animals</i>	o Heifers	_____
o Farrow to Feeder	_____	o Brood	_____	o Calves	_____
o Farrow to Finish	_____	o Feeders	_____		
o Gilts	_____	o Stockers	_____		
o Boars	_____	<i>Other Type of Livestock:</i>	_____	<i>Number of Animals:</i>	_____

Will other waste structures remain in operation at this facility after this one is closed? Yes () No ()

If YES, how many waste treatment and storage structures will remain in operation at this facility? _____

CLOSURE COMPLETION DATE: _____

After the waste liquid and solids removal, how was the structure decommissioned: (*Initial method utilized*)

_____ Breach embankment impoundment

_____ Backfill excavated impoundment

_____ Convert to a freshwater pond.

_____ Alternative Method – per current NC NRCS Standard 360

(If the waste structure was converted to a freshwater pond, additional certification is required. See below.)

(Name) _____ of the Water Quality Regional Operations Section staff in the Division of Water Resources' _____ Regional Office was contacted on _____ (date) for notification of the pending closure of this waste treatment and storage structure. This notification was at least 24 hours prior to the start of closure, which began on _____ (date).

*Report **must** include page 2 certification(s)*

Name of Farm: _____ Facility No: _____ - _____

I certify that the permittee has decommissioned the waste treatment and storage structure by conversion to freshwater storage pond and was completed according to the design and meets all requirements set forth in the NC NRCS Conservation Practice Standard 378, Pond. I am only certifying the conversion of the waste treatment and storage structure to a freshwater pond and not any component of the land application of waste/sludge from the waste treatment and storage structure.

Name of Technical Specialist (SD/SI), or PE: (Please Print): _____

Affiliation: _____

Address (Agency): _____ Phone No.: _____

Signature: _____ Date: _____

The facility has followed a closure plan which meets all requirements set forth in the NC NRCS Conservation Practice Standard Code 360, Waste Facility Closure, and verified by me. I certify that all waste liquids and sludges have been removed, and land applied at agronomic rates to crops on the fields specified in closure plan, all input pipes have been removed, all slopes have been stabilized as necessary, and vegetation established on all disturbed areas.

Name of Technical Specialist (WUP/NM), or PE: (Please Print): _____

Affiliation: _____

Address (Agency): _____ Phone No.: _____

Signature: _____ Date: _____

I verify that the above information is correct and complete. I have closed the waste treatment and storage structure as per the closure plan, which meets all NC NRCS standards, specifications and criteria. I realize that I will be subject to enforcement actions per Article 21 of the North Carolina General Statutes if I have failed to properly close out the waste treatment and storage structure.

Name of Permittee/Land Owner (Please Print): _____

Signature: _____ **Date:** _____

Return within 15 days following completion of animal water storage pond or lagoon closure to:

**N. C. Division of Water Resources
Animal Feeding Operations
1636 Mail Service Center
Raleigh, NC 27699-1636
Animal.Operations@deq.nc.gov**

If this closure is being supplemented by either state and/or federal funds, ensure completed copies of this closure form are provided to local funding agency representatives.