

# PLAN OF ACTION (POA) FOR LAGOON SLUDGE REDUCTION

Facility Number: \_\_\_\_\_ County: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Certified Operator Name: \_\_\_\_\_ Operator #: \_\_\_\_\_

**\*\*Attach a copy of Lagoon Sludge Survey Form and volume worksheets**

**Note:** A certified Sludge Management Plan may be submitted in lieu of this POA.

	Lagoon 1	Lagoon 2	Lagoon 3	Lagoon 4	Lagoon 5	Lagoon 6
a. Lagoon Name/ Identifier						
b. Total Sludge Depth (ft)						
c. Sludge Depth to be Removed for Compliance (ft)						
d. Sludge Volume to be Removed (gallons)						
e. Sludge PAN (lbs/1000 gal)						
f. Liquid PAN (lbs/1000 gal)						
g. PAN of Sludge (lbs) (d x e)/1000						

**Compliance Timeframes:**

If the sludge level is equal to or higher than the stop pump level of the lagoon or if the sludge level results in an elevated waste analysis, a sludge management plan that meets the requirements of SB Interagency Group Guidance Document 1.26 must be prepared by a technical specialist and submitted to DWR within 90 days. Work to reduce the sludge level must begin within another 180 days. Compliance with NRCS Standard 359 must be achieved within two years of the original sludge survey.

If the sludge level is non-compliant but below the stop pump level of the lagoon, a POA must be filed within 90 days and compliance with NRCS Standard 359 must be achieved within two years of the original sludge survey indicating non-compliance. If future sludge surveys do not show improvement in sludge levels, DWR may require the owner to develop a sludge management plan that meets the requirements of SB Interagency Group Guidance Document 1.27.

**NARRATIVE: Use this section to describe the method(s) that will be used to lower the sludge depth. If microbe use is planned, specify the product to be used.**

**I hereby certify that I have reviewed the information listed above and included within the attached Plan of Action, and to the best of my knowledge and ability, the information is accurate and correct. I further certify and acknowledge that compliance with regard to sludge accumulation must be achieved within two years of the original sludge survey indicating non-compliance.**

**Sludge Survey Date:** \_\_\_\_\_

**Compliance Due Date:** \_\_\_\_\_

\_\_\_\_\_  
**Facility Owner/Manager (print)**

**Phone:** \_\_\_\_\_

\_\_\_\_\_  
**Facility Owner/Manager (signature)**

**Date:** \_\_\_\_\_

NPDES Permitted Facilities  
Return this form to:

Animal Feeding Operations Program  
NC Division of Water Resources  
1636 Mail Service Center  
Raleigh, NC 27699-1636

State Permitted Facilities  
Return this form to:

NC Division of Water Resources  
at the appropriate Regional Office  
(see following page)

**DIVISION OF WATER RESOURCES REGIONAL OFFICES (09/2016)**  
**Counties served by each Regional Office**

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 2090 U.S. Highway 70  
 Swannanoa, NC 28778  
 (828) 296-4500  
 Fax (828) 299-7043

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 943 Washington Square Mall  
 Washington, NC 27889  
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 225 Green Street, Suite 714  
 Fayetteville, NC 28301-5094  
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 610 East Center Avenue, Suite 301  
 Mooresville, NC 28115  
 (704) 663-1699  
 Fax (704) 663-6040

Wilmington Region Supervisor  
 127 Cardinal Drive Extension  
 Wilmington, NC 28405-3845  
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 450 Hanes Mill Road, Suite 300  
 Winston-Salem, NC 27105  
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