



COLORADO CAFO PERMIT ANNUAL REPORT



Permit Certification Number: COA-_____	Reporting period: 01/01/20_____ to 12/31/20_____
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Facility Name (as shown in the permit certification): _____

I. TYPE AND NUMBER OF ANIMALS

Report the maximum number of each type of animal confined during the reporting period for 45 days or more at this facility:

Type	Number in Open Confinement	Number Housed Under Roof	
Mature Dairy (incl. dry cows)			
Dairy Heifers			
Veal Calves			
Cattle (not dairy or veal)			
Swine (55 lb. or more)			
Swine (under 55 lb.)			
Horses			
Sheep or Lambs			
Turkeys			
Chickens (broilers)			
Chickens (layers)			
Ducks			
Other: (specify): _____			

II. MANURE AND PROCESS WASTEWATER PRODUCTION

Report the estimated amount of manure and process wastewater generated at this facility during the reporting period.

- A. Amount of manure (including litter) generated: _____ tons
- B. Amount of process wastewater generated (including, for example, dairy parlor wastewater and runoff resulting from storms): _____ gallons*. (* acre-feet x 325,851 = gallons)

III. MANURE AND PROCESS WASTEWATER TRANSFERRED TO OTHER PERSONS

Report the estimated amounts of manure and process wastewater transferred to other persons during the above reporting period.

- A. Amount of manure (including litter) transferred: _____ tons
- B. Amount of process wastewater transferred: _____ gallons*. (* acre-feet x 325,851 = gallons)

IV. LAND APPLICATION OF MANURE AND PROCESS WASTEWATER

- A. Report the total number of acres of land covered by this facility's nutrient management plan (NMP). Include all land application acres included in the nutrient management plan, whether or not they were used for land application during the reporting period.
- B. Report the total number of acres of land where manure or process wastewater generated at this facility was applied. Include only land application areas under the control of this CAFO facility (whether owned, leased, or rented).

Total number of acres under the control of the CAFO (whether owned, leased, or rented) used for land application during the above reporting period: _____ acres

V. SUMMARY OF DISCHARGES

Provide a summary of each discharge of manure and/or process wastewater from the production area(s) that occurred during the above reporting period. ("Discharge" means the introduction or addition of a pollutant into waters of the U.S.) Attach additional sheets, if needed.

Date(s) ^a	Time ^b	Location ^c	Volume ^d

^a**Date(s):** The date(s) of the discharge. If the discharge was detected after it happened, give an estimate of the date(s) when the discharge occurred.

^b**Time:** The start time and end time of the discharge. If the discharge was detected after it happened, give an estimate of the time when the discharge occurred.

^c**Location:** The location of the discharge to waters of the U.S. Be specific. Include, for example, the name of the water body, and a specific description of where the manure or process wastewater entered the water body. Include landmarks or other points of reference (e.g., Three Mile Creek, at southeast corner of feedlot where creek bends to the west).

^d**Volume:** Give an estimate of the number of gallons or tons of manure or process wastewater discharged.

VI. NUTRIENT MANAGEMENT PLAN

Was the current version of this facility's nutrient management plan prepared or approved by a certified nutrient management planner?

Yes No

(Note: The permit does not require CAFO owners or operators to use a certified nutrient management planner to prepare or approve nutrient management plans.)

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VII. LAND APPLICATION FIELD SUMMARY (complete summary for each field used)

Land Application Site Name: _____

TABLE 1 - CROP DETAILS

Yield	Crop 1	Units (bu/ac, tons, etc.)	Crop 2	Units (bu/ac, tons, etc.)	Crop 3	Units (bu/ac, tons, etc.)
Actual Yield						
Realistic Yield Goal*						

*From NMP

TABLE 2 - NUTRIENT CONCENTRATIONS

<i>Nitrogen & phosphorus content of the manure, litter, and process wastewater</i>				
Source	Nutrient Test Date	Total N (specify ppm or lb/ac)	Phosphorus (ppm)	Testing Lab

TABLE 3 - NUTRIENT APPLICATIONS

<i>Amount of manure, litter, and process wastewater applied to this field during the reporting period</i>			
Source	Application Date	Amount Applied	Units (gals, lbs, etc.)
TOTAL APPLIED TO FIELD			

TABLE 4 - SOIL TESTING RESULTS

<i>Nitrogen & phosphorus concentrations in soils</i>				
Nutrient Test Date	Nitrogen (as NO ₃ -N) (specify ppm or lb/ac)	Phosphorus (ppm)	Phosphorus Test Extraction Used (AB-DTPA, Bray, Mehlich, NaHCO ₃)	Testing Lab

VIII. CERTIFICATION

This CAFO Permit Annual Report must be signed by the permittee in accordance with the following criteria:

- In the case of corporations, by a principal executive officer of at least the level of vice-president or his or her duly authorized representative, if such representative is responsible for the overall operation of the facility from which a discharge originates;
- In the case of a partnership, by a general partner;
- In the case of a sole proprietorship, by the proprietor; and
- In the case of a municipal, state, or other public facility, by either a principal executive officer, ranking elected officer, or other duly authorized employee.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature: _____ Date: _____

Print Name: _____

Submit by March 31 of each year.

Submit to:

Colorado Department of Public Health and Environment
Environmental Agriculture Program
DEHS-B2
4300 Cherry Creek Drive South
Denver, CO 80246-1530

AND

Local Health Department