

PROGRAM YEAR 2011
GEORGIA DEPARTMENT OF AGRICULTURE
LIVESTOCK/POULTRY FIELD FORCES
AFO/CAFO INSPECTIONS



GENERAL INFORMATION:

Inspector's Name:		Inspector's Number:	
GDA Est #:	Landowner's Name:		Date:
Landowner's Mailing Address:			County:
City:	State:	Zip:	Phone#:
Farm Name:		Person Permit Issued To:	
Farm Physical Address:			
City:	Zip:	County:	Phone#:
Landowner's E-mail:		Operator's E-mail:	
Certified Animal Feeding Operator:			Certification #:
Operator's Mailing Address:			
Copy of Certificate on Site:	<input type="checkbox"/> Yes <input type="checkbox"/> *No	# Hours of Continuing Education Last Year:	
Documentation for Continuing Education provided to GDA:			
		<input type="checkbox"/> Yes	<input type="checkbox"/> *No

Comments:

RECORDS:

LAS Permit #	Copy of Permit on Site	<input type="checkbox"/> Yes <input type="checkbox"/> *No
Has Permit been extended:	<input type="checkbox"/> Yes <input type="checkbox"/> *No	Copy of Permit Extension on Site:
	<input type="checkbox"/> Yes <input type="checkbox"/> *No	<input type="checkbox"/> Yes <input type="checkbox"/> *No
Size and Type of Operation:	<input type="checkbox"/> Swine	<input type="checkbox"/> Dairy
	<input type="checkbox"/> Commercial Layer	
Does this AFO have an approved NMP?	<input type="checkbox"/> Yes <input type="checkbox"/> *No	<input type="checkbox"/> Pending(only if NMP is submitted)
Date of NMP approval by EPD:	Copy of approved NMP on Site:	<input type="checkbox"/> Yes <input type="checkbox"/> *No
Has farm completed an annual assessment of NMP?	<input type="checkbox"/> Yes	<input type="checkbox"/> *No
If "yes" list changes that have been made to the operation since last inspection?		
Are Daily Rain Records on Site:	<input type="checkbox"/> Yes	<input type="checkbox"/> *No
Monthly Log of Waste Water Impoundment Liquid Level on Site?	<input type="checkbox"/> Yes	<input type="checkbox"/> *No
Date of last recorded Liquid Level measurment: (LAS Monthly)		
Are Records of Monthly Inspection & Maintenance of all manure storage & handling structures, and run off management on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> *No

Liquid Application records on site: <input type="checkbox"/> Yes <input type="checkbox"/> *No	COMPLETE PAGE 2A - before continuing
Does it appear the farm is over applying in regards to their NMP? <input type="checkbox"/> Yes <input type="checkbox"/> *No	
Does liquid application records contain field, acres, date, rate, crop, crop yield, duration of irrigation, number of sprinklers, total volume applied, and total nitrogen applied? <input type="checkbox"/> Yes <input type="checkbox"/> *No	
If farm has a solid separator how much is applied on the farm in tons? <input type="checkbox"/> Not applicable	
Does solid application records contain field, acres, date, rate, crop, crop yield, total volume applied, & total nitrogen applied, or total nitrogen per acre? <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> *No <input type="checkbox"/> *Partial	
Is Commercial Fertilizer applied to fields where any type of manure is applied? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If answer is "Yes" provide analysis of fertilizer and quantity applied per acre:	
Does the approved NMP include commercial fertilizer in the nutrient budget worksheet? <input type="checkbox"/> Yes <input type="checkbox"/> *No	
Any Rental/Lease agreements for manure/waste water applied off farm? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are the agreements included in the NMP? <input type="checkbox"/> Yes <input type="checkbox"/> *No	
Are all Application fields on map(s) included in NMP? <input type="checkbox"/> Yes <input type="checkbox"/> *No	
What is the maximum liquid level in the NMP (measured downward from top of embankment):	
Comments:	
APPLICATION EQUIPMENT:	
Specify Type of Liquid Manure Application Equipment:	
Is Equipment? <input type="checkbox"/> Owned <input type="checkbox"/> Rented or Leased <input type="checkbox"/> Custom Applied	
Date of last Calibration?	Attach Copy of Annual Calibration
Specify Type of Dry Manure Application Equipment: <input type="checkbox"/> N/A	
Is Equipment? <input type="checkbox"/> Owned <input type="checkbox"/> Rented or Leased <input type="checkbox"/> Custom Applied	
Date of last Calibration?	Attach Copy of Annual Calibration
Solids Separator: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pad Type: <input type="checkbox"/> Open Area <input type="checkbox"/> Under Shelter
Is storage pad area covered, bermed, curbed, and guttered, or buffered? Describe	
Are record available showing maintenance of application equipment? <input type="checkbox"/> Yes <input type="checkbox"/> *No	
Comments:	
SOIL/WASTE WATER/MANURE TESTING:	
Date, time, exact location, and name of person responsible for most recent manure and waste water sampling, and soil sampling.	
Manure:	Testing Lab:
Waste Water:	Testing Lab:

Soil:	Testing Lab:		
Annual manure, separated soils, waste water analysis.	<input type="checkbox"/> Yes	<input type="checkbox"/> *No	<input type="checkbox"/> N/A
Records of annual soil sampling of each application field.	<input type="checkbox"/> Yes	<input type="checkbox"/> *No	
Does the annual soil sampling report include soil pH and soil test Phosphorus level measured by Mehlich-1 Extraction or Double Acid?	<input type="checkbox"/> Yes	<input type="checkbox"/> *No	
Are Records on site showing date, name, and address of recipients, quantity of manure and nutrient analysis of manure transferred to others?	<input type="checkbox"/> Yes	<input type="checkbox"/> *No	<input type="checkbox"/> N/A
Comments:			
EMERGENCY ACTION PLAN:			
Does this operation have an Emergency Action Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> *No	
Is the plan included in the NMP?	<input type="checkbox"/> Yes	<input type="checkbox"/> *No	
Are Emergency numbers posted for all employees to attain?	<input type="checkbox"/> Yes	<input type="checkbox"/> *No	
DNR-EPD Emergency Operations Center 24 Hour Spill Reporting should be contacted to report overflow and discharges in cases where EPD District Office personnel are not available. Spill Reporting Telephone Number is (800) 241-4113			
Comments:			
ANIMAL MORTALITY:			
Describe the animal mortality plan for this operation:			
Has a soil investigation been conducted for the disposal site?	<input type="checkbox"/> Yes	<input type="checkbox"/> *No	
If "no", give the date that investigation is to be preformed:			
Does this facility have a catastrophic mortality disposal plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> *No	
Does facility have verification of approved burial site?	<input type="checkbox"/> Yes	<input type="checkbox"/> *No	
Comments:			

OUTSIDE INSPECTION

MEDICAL/CHEMICAL BY-PRODUCT DISPOSAL:

liquid level stated in NMP?	<input type="checkbox"/> *Above	<input type="checkbox"/> Below	
Is this waste water storage structure a zero discharge structure?	<input type="checkbox"/> Yes	<input type="checkbox"/> *No	
Does it appear that the waste water storage structure has had a recent overflow?	<input type="checkbox"/> *Yes	<input type="checkbox"/> No	
If "yes", was the overflow the result of a chronic or catastrophic event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Describe the event; include date, time and estimated amount of volume:			
If overflow resulted in a discharge, give test results of the BOD5 and TSS levels:			
Liquid level before overflow:	Liquid level after overflow:		
<p>If, for any reason, there is a discharge of pollutants to a water of the US, the permittee is required to make immediate oral notification within 24 hours to the local Division District Office (or, if after office hours, the Georgia Department of Natural Resources Emergency Operations Center, 1-800-241-4113) and notify the Division District Office in writing within five (5) working days of the discharge from the facility.</p>			
Comments:			
APPLICATION EQUIPMENT & LAND APPLICATION SITE:			
Is Liquid Manure Application Equipment?	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented/Leased	<input type="checkbox"/> Custom Applied
Is Dry Manure Application Equipment?	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented/Leased	<input type="checkbox"/> Custom Applied
Is there a vegetated buffer between the application fields and down-gradient surface waters, sinkholes, open tile line intake structures, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Estimated width of the vegetated buffer in feet:			
Are ditches, grassed waterways, terraces, diversions, swales or other water conveyance in the application fields?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is land application of manure/waste water is being applied at agronomic rates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there evidence of improper land application of manure and/or waste water in wet zones, such as wetlands, drainage ditches, flooded areas, applying during a rainfall event, on frozen field, or runoff entering streams?	<input type="checkbox"/> *Yes	<input type="checkbox"/> No	
If "yes" describe:			

The Georgia Department of Agriculture's review of the animal feeding operation does not relieve the

operator from adherence to provisions and requirements contained in the Land Application System (LAS) or National Pollution Discharge Elimination System (NPDES) permit issued for the feeding operation or to rules and regulations issued by the Georgia Department of Natural Resources (DNR), Environmental Protection Division (EPD) and/or US Environmental Protection Agency (EPA).

Any violation identified on this inspection report must be addressed immediately and a completion date agreed to by the producer. Any violation that results in a discharge or damage to the "Waters of the State" will be reported immediately to the Department of Natural Resources, Environmental Protection Division.

Re-inspection Date: (If Needed) _____

 Farm Representative/Title

 Date

 GDA Representative

Inspection was reviewed for completeness and adequacy by: _____ Date: _____

 Date: _____

US EPA National Response Center 800) 424-8802

DNR Emergency Operations Center 800) 241-4113

Environmental Management District Offices:

<u>Office</u>	<u>Address</u>	<u>Phone Number</u>
Mountain District (Cartersville)	P.O. Box 3250, Cartersville, Ga 30120-1705	770) 387-4900
West Central District (Macon)	2640 Shurling Drive, Macon 31211-3576	478) 751-6612
Costal District (Brunswick)	400 Commerce Center Dr, Brunswick 31523-8251	912) 264-7284
Southwest District (Albany)	2024 Newton Road, Albany 31701-3576	229) 430-4144
Northwest District (Athens)	745 Gaines School Rd, Athens 30605-3129	706) 369-6376
Northeast District (Augusta)	1885-A Tobacco Road, Augusta 30906-8825	706) 792-7744
Mountain District (Atlanta)	4244 International Parkway St 101, Atlanta, Ga 30354	404) 362-2671

A copy of this Report was mailed or e-mailed to the _____ District Office

of EPD by _____ on (date) _____.