

**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:**

NPDES 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
NPDES Annual Report Submitted letter on site: <input type="checkbox"/> Yes <input type="checkbox"/> *No	Date Submitted:
Size and Type of Operation: <input type="checkbox"/> Swine <input type="checkbox"/> Dairy <input type="checkbox"/> Commercial Layer	
Does this CAFO have an <b>approved</b> 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	

Weekly Log of Waste Water Impoundment Liquid Level on Site?	<input type="checkbox"/> Yes	<input type="checkbox"/> *No
Date of last recorded Liquid Level measurment: (NPDES weekly)		
Are Records of Weekly 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	<b>COMPLETE PAGE 2A - before continuing</b>
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 <input type="checkbox"/> *Partial
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, and total nitrogen applied, or total nitrogen per acre?	<input type="checkbox"/> Yes <input type="checkbox"/> *No	<input type="checkbox"/> N/A <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 nutient budget worsheet?	<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):		
<b>Comments:</b>		
<b>APPLICATION EQUIPMENT:</b>		
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?	<b>Attach Copy of Annual Calibration</b>	
Specify Type of Dry Manure Application Equipment:		
Is Equipment?	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented or Leased <input type="checkbox"/> Custom Applied <input type="checkbox"/> N/A
Date of last Calibration?	<b>Attach Copy of Annual Calibration</b>	
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		
<b>Comments:</b>		


**SOIL/WASTE WATER/MANURE/MONITORING WELL TESTING:**

Date, time, exact location, and name of person responsible for most recent manure and waste water sampling, soil sampling, and monitoring well sampling.

Manure:	Testing Lab:
Waste Water:	Testing Lab:
Soil:	Testing Lab:
Monitoring Well:	Testing Lab:

Semiannual manure, separated solids, waste water analysis.  Yes  \*No  N/A

Records of annual soil sampling of each application field.  Yes  \*No

Does the annual soil sampling report include soil pH and soil test Phosphorus level measured by Mehlich-1 Extraction or Double Acid?  Yes  \*No

Are Records on site showing date, name, and address of recipients, quantity of manure and nutrient analysis of manure transferred to others?  Yes  \*No  N/A

**Comments:**


**MONITORING WELLS:**

Are the monitoring wells shown on the NMP Maps?  Yes  \*No

If no, has plan for installation of monitoring well been submitted?  Yes  \*No

Does the facility have monitoring wells for each waste water system?  Yes  \*No

Does the facility have a monitoring well down gradient of lagoon/storage pond?  Yes  \*No

Does monitoring well records show Nitrate Nitrogen level greater than 10ppm?  \*Yes  \*No

What were the results for last year?(2) and dates taken.

Describe any actions taken to reduce level of Nitrate Nitrogen.

**Comments:**


**EMERGENCY ACTION PLAN:**

Does this operation have an Emergency Action Plan?  Yes  \*No

Is the plan included in the NMP?  Yes  \*No

Are Emergency numbers posted for all employees to attain?  Yes  \*No

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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?  Yes  \*No

If "no", give the date that investigation is to be preformed:

Does this facility have a catastrophic mortality disposal plan?  Yes  \*No

Does facility have verification of approved burial site?  Yes  \*No

**Comments:**

**OUTSIDE INSPECTION**

**MEDICAL/CHEMICAL BY-PRODUCT DISPOSAL:**

Does this operation have a disposal plan for disposing of medical and/or chemical waste and preventing introduction into manure or wastewater except when used in accordance with the product label?  Yes  \*No

If "yes" briefly describe method?

Is there evidence of oil, petroleum based products, or chemical spills on site?  \*Yes  No

**Comments:**

**MONITORING WELL:**

Are monitoring wells being maintained properly and kept free of grass, weeds, and animal burrows?  Yes  \*No

Are the monitoring wells installed in location on maps?  Yes  \*No

**Comments:**

**ANIMAL MORTALITY:**

Does it appear that animal mortality disposal through observation meets current Department of Agriculture Rules?  Yes  \*No



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.

**Comments:**

**APPLICATION EQUIPMENT & LAND APPLICATION SITE:**

Is Liquid Manure Application Equipment?  Owned  Rented/Leased  Custom Applied

Is Dry Manure Application Equipment?  Owned  Rented/Leased  Custom Applied

Is there a vegetated buffer between the application fields and down-gradient surface waters, sinkholes, open tile line intake structures, etc.?  Yes  No

Estimated width of the vegetated buffer in feet:

Are ditches, grassed waterways, terraces, diversions, swales or other water conveyance in the application fields?  Yes  No

Is land application of manure/waste water is being applied at agronomic rates?  Yes  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?  \*Yes  No

If "yes" describe:

**Comments:**

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: \_\_\_\_\_

### Contacts:

Environmental Management District Offices:

<u>Office</u>	<u>Address</u>
Mountain District (Cartersville)	P.O. Box 3250, Cartersville, Ga 30120-1705
West Central District (Macon)	2640 Shurling Drive, Macon 31211-3576
Costal District (Brunswick)	400 Commerce Center Dr, Brunswick 31523-8251
Southwest District (Albany)	2024 Newton Road, Albany 31701-3576
Northwest District (Athens)	745 Gaines School Rd, Athens 30605-3129
Northeast District (Augusta)	1885-A Tobacco Road, Augusta 30906-8825
Mountain District (Atlanta)	4244 International Parkway St 101, Atlanta, Ga 30354

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

of EPD by \_\_\_\_\_ on (date) \_\_\_\_\_.

Inspection should have 2-A, Calibration Documentation and Inspection Summary attached.