NPDES CAFO PERMIT ANNUAL REPORT

NPDES Permit Number: SOPC00113

Reporting period (mm/dd/yyyy - mm/dd/yyyy): 1/1/13 - 1/1/14

Facility Name: BILLY WEST - POULTRY OPERATION

I. TYPE AND NUMBER OF ANIMALS

Report the maximum number of each type of animal confined at this facility at any one time.

Type	Number in Open Confinement	Number Housed Under Roof
Mature Dairy Cows		
Dairy Heifers		
Veal Calves		
Other Cattle		
Swine (55 lb. or more)		
Swine (under 55 lb.)		
Horses		
Sheep or Lambs		
Turkeys		
Chickens (broilers)		0
Chickens (layers)		
Ducks		
Other: (specify):		

II. MANURE, LITTER, AND PROCESS WASTEWATER PRODUCTION

Report the estimated amount of manure, litter, and process wastewater that were generated at this facility in the 12-month period covered by this report.

A. Amount of manure generated in the 12-month period covered by this report. _____ tons

B. Amount of litter generated in the 12-month period covered by this report. 0 tons

C. Amount of process wastewater generated in the 12-month period covered by this report. gallons

III. MANURE, LITTER, AND PROCESS WASTEWATER TRANSFERRED TO OTHER PERSONS

Report the estimated amount of manure, litter, and process wastewater that were transferred to other persons in the 12-month period covered by this report.

A. Amount of manure transferred in the 12-month period covered by this report. _____ tons

B. Amount of litter transferred in the 12-month period covered by this report. 75 tons

C. Amount of process wastewater transferred in the 12-month period covered by this report. gallons

IV. LAND APPLICATION OF MANURE, LITTER, AND PROCESS WASTEWATER

A. Report the total number of acres of land that are covered by this facility's nutrient management plan. Include all land application acres covered by the nutrient management plan, whether or not they were used for land application during the 12-month period covered by this report.
Total number of land application acres covered by the nutrient management plan. 40 acres

B. Report the total number of acres of land where manure, litter, or process wastewater generated at this facility was spread. Include only land application areas that are under the control of this CAFO facility.
Total number of acres under the control of the CAFO used for land application in the 12-month period covered by this report. 0 acres

V. SUMMARY OF DISCHARGES

Provide a summary of each discharge of manure, litter, and/or process wastewater from the production area(s) that occurred in the 12-month period covered by this report. Attach additional sheets, if needed.

Date[a]	Time[b]	Location[c,f]	Description[d,f]	Volume[e]

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[a] **Date:** The date of the discharge. If the discharge was detected after it happened, give an estimate of the date when the discharge occurred.
[b] **Time:** The 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 the name of the water body, and a specific description of where the manure, litter, 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] **Description:** Provide other relevant information about the discharge, including the source, cause, composition (e.g., emergency overflow of process wastewater from lagoon #2), and impacts observed (e.g., fish kill in waterbody).
[e] **Volume:** Give an estimate of the number of gallons or tons of manure, litter, or process wastewater discharged.
[f] This information is not required by the NPDES CAFO regulations to be included in the annual report.

VI. NUTRIENT MANAGEMENT PLAN

Indicate whether the facility's nutrient management plan was either developed or approved by a certified nutrient management planner. Note: The *[permitting authority]* does not require CAFO owners or operators to use a certified nutrient management planner to prepare or approve nutrient management plans.

Was the current version of this facility's nutrient management plan prepared or approved by a certified nutrient management planner? ☒Yes ☐No

VII. INSTANCES OF NONCOMPLIANCE NOT PREVIOUSLY REPORTED

During the past 12 months have there been any instances of noncompliance which have not been reported to the permitting authority? ☐Yes ☒No If yes, please provide the information requested below.

If during the past 12 months there been instances of noncompliance which have not been reported to the permitting authority please provide the following information, for each instance, along with this annual report:

- ☐ Description of the noncompliance and its cause.
- ☐ The period that the operation was in noncompliance with permit conditions, including exact dates and times.
- ☐ In those cases where the noncompliance has not been corrected, the anticipated time it is expected to continue.
- ☐ Description of the steps taken or planned to reduce, eliminate, and prevent reoccurrence of the noncompliance

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direct 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: Billy West Date: 1-4-14

Print Name: BILLY WEST

Submit by *[insert due date/reporting schedule]*
Submit to *[permitting authority and address]*

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