

Section 6

Record Keeping For CNMP's

7-1 Record Keeping Forms

(Fill out and Keep on file with annual records to document management activities)

- 7-2 Reviews by third parties, (consultants or regulatory agencies.)
- 7-3 Manure Containment Liquid Level and Berm Inspection Report
- 7-4 Internal Inspections; Manure and Wastewater Storage and Handling
- 7-5 Fertilizer and Manure Application Record, Daily Log
- 7-6 Transfers of Manure off-site to third Parties.
- 7-7 Crops Record Keeping
- 7-8 Calibration of Spreading Equipment
- 7-9 Monthly Animal and Mortality Count

Annual Records 2009 – 2013

ManPlan Reports year by year:

- Nutrients Applied
- Crops Planted
- Phosphorus and Potassium Report
- Nitrogen Report
- Fertilizer and Manure Applications and Methods;
(Contains recommendations and blank lines to record actual applications as applied.)

REVIEWS by NRCS, Third Parties (e.g. Consultants) or regulatory Agencies.

[illegible]

Manure Containment Liquid Level and Berm Inspection Report **For Lagoons and Earthen Storage Basins**

Dates: FROM: _____ **THRU:** _____, **YEAR:** _____

- Perform Bi-Weekly for IL LMFA regulations or Weekly for NPDES Permits
- Record measurements in feet or inches.
- Checkmark (π) if needs attention and write comments below,
- Write (OK) if condition is in compliance.

[illegible]

Storm Water Drainage Plan Inspection Report

Dates: FROM: _____ **THRU:** _____, **YEAR:** _____

- Perform Weekly for NPDES Permits.
- Record measurements in feet or inches.
- Checkmark (✓) if needs attention and write comments below,
- Write OK if condition is in compliance.

[illegible]

Applicator Name:_____

[illegible]

[illegible]

SECTION 7 - Crops Record Keeping. (Year)

[illegible]

Weekly Checklist:

Below Grade Concrete Storages and Treatment Storages

Form 11-B

(Separate page for each facility)

Month/Year: _____ Storage Name: _____ P = Pass F = Fail

Date & Time of Inspection	Deficiency noted*					
Inspected by (Name)						
Freeboard (ft)—height to overflow						
Staff or Level gauge visible	<input type="checkbox"/>	P F	P F	P F	P F	P F
Any evidence of manure leaking	<input type="checkbox"/>	P F	P F	P F	P F	P F
Footing drains—evidence of manure	<input type="checkbox"/>	P F	P F	P F	P F	P F
Ponding next to pit	<input type="checkbox"/>	P F	P F	P F	P F	P F
Gutters & downspouts drain away from storages	<input type="checkbox"/>	P F	P F	P F	P F	P F
Pumpouts broken near grade	<input type="checkbox"/>	P F	P F	P F	P F	P F
Other water entry routes to storages	<input type="checkbox"/>	P F	P F	P F	P F	P F
Cracks in concrete	<input type="checkbox"/>	P F	P F	P F	P F	P F
	Hairline					
	1/8 inch					
	¼ inch					
	> ¼ inch					

Date of Corrective Action _____ Date Finished _____

If corrective action took longer than 30 days to complete, then state reason(s) why.

Comments:

Section 7: Calibration of Spreading Equipment

[illegible]

Section 7; Monthly Animal and Mortality Count**YEAR:** _____

Animal Type: _____

Production Phase: _____

Month	Animal Mortalities Count and Weight	Mortality %	Storage Method / Storage Facility	Method (s) of Disposal
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				



WASTE MANAGEMENT PLAN CERTIFICATION FORM

I, the undersigned, do hereby certify that a Waste Management Plan for the livestock management facility named below has been prepared in accordance with the requirements of the Livestock Management Facilities Act[510 ILCS 77/1 et seq.] and the rules promulgated thereunder.

LIVESTOCK MANAGEMENT FACILITY INFORMATION:

Facility Name: _____

Company: _____

Address: _____

Phone: _____

Total # of Animal Units: _____ Species: _____

OWNER/OPERATOR INFORMATION:

Facility Name: _____

Company: _____

Address: _____

Phone: _____

WASTE MANAGEMENT PLAN LOCATION:

Signature of Owner or Operator

Date

Return to:
Livestock Waste Program
Illinois Department of Agriculture
Bureau of Environmental Programs
PO Box 19281
Springfield, IL 62794-9281

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under the Environmental Protection Act (415 ILCS 5) and the Livestock Management Facilities Act (510 ILCS 77/1 et seq.). Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management Center. IL 406-1537 (01-01)