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.

DATE.	Reviewer Name, Contact. Information…	Reviewer Organization.	Recommendations…….	Date and Actions Taken…….

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.

Date of Inspection	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Person Inspecting / Initials													
FreeBoard Remaining:													
Rainfall previous week													
Depth Measurement													
Staff gauge present?													
Condition of Berm:													
Mowed?													
No Woody brush growth?													
No Burrowing Evident?													
No Cracks or seepage?													
No Wet spots around base?													
No Soil erosion on berm?													
No Wind/Wave Erosion?													
Fencing Condition (if present)													
COMMENTS													

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.

Date of Inspection	10-23	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Person Inspecting / Initials	**DJG**												
Rainfall previous week:													
Depth Measurement of Pits:													
Gestation:													
Farrowing:													
New Pit:													
Pits access covered?	**Ok**												
Roof & Gutters Conditions:													
Downspouts:	**Ok**												
Drain tiles working?	**Ok**												
Mortality Compost Building:													
All compost under roof:	**Ok**												
Apron cleaned off?	**Ok**												
Feed Storage:													
Bin Lids Closed?	**Ok**												
Spilled Feed? (Cleanup, put in composter)	✓												
Load-out chutes conditions:	**Ok**												
Roofs & doors:	**Ok**												
Spilled bedding? (Cleanup, put in composter)	**Ok**												
Drainage ways & Roads:													
Check for Erosion	**Ok**												
Check for Ponding	**Ok**												
COMMENTS: **(If needed, put additional comments on back of this page)**													

SECTION 7 - Fertilizer and Manure Application Record, Daily Log

Applicator Name: _____

Field	Date	Manure or Fertilizer Type	Method of Application (Surface, Injected, Irrigated, Incorporated, etc.)	Ground Cover	% Soil Moisture	Rate of Application					Weather and Comments
						Rate Gallons or Tons /Acre	Acres Applied	N Lbs/Ac	P2O5 Lbs/Ac	K2O Lbs/Ac	

SECTION 7 Transfers of Manure off-site to third Parties.

DATE	Manure Source	Quantity Transferred	Units: gallons or tons	Manure Analysis Date:	NH3	Total N	P2O5	K2O	Units of concentration Lbs/gal, or lbs/ton	Recipient, Hauler or Broker Name, Contact information,

SECTION 7 - Crops Record Keeping. (Year)

Field	Crop	Date Planted	Variety	Date Harvested	Yield	Comments

Weekly Checklist:

Form 11-B

Below Grade Concrete Storages and Treatment Storages

(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	☐	P F	P F	P F	P F	P F
Any evidence of manure leaking	☐	P F	P F	P F	P F	P F
Footing drains—evidence of manure	☐	P F	P F	P F	P F	P F
Ponding next to pit	☐	P F	P F	P F	P F	P F
Gutters & downspouts drain away from storages	☐	P F	P F	P F	P F	P F
Pumpouts broken near grade	☐	P F	P F	P F	P F	P F
Other water entry routes to storages	☐	P F	P F	P F	P F	P F
Cracks in concrete	☐	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

DATE	Equipment Calibrated	Method Used Load/Area,	Calculations:

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 INFORMTION:

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)