

JAN 24 2019



WATER QUALITY PROGRAM

APPENDIX B: ANNUAL REPORT FORM

Concentrated Animal Feeding Operation (CAFO) General Permit

Reporting Year: 2018	Reporting Period: January 1 to December 31
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I. Permit Information

Permit Number: WAG 994349	Facility Name: SNYDAR FARMS LLC
Permittee Name: JEFF SNYDAR	

II. Contact Information (fill out if different from I. Permittee Information above)

Name: JEFF & SUZZI SNYDAR	Email: Snyderfarmsllc@aol.com
Phone:	Cell Phone (optional):

III. Operation Information

Provide the maximum number of each type of animals at your facility for the year.

<input type="checkbox"/> Dairy Cows: _____ <input type="checkbox"/> Dairy Heifers: 500 <input type="checkbox"/> Veal Calves: _____ <input type="checkbox"/> Beef: _____ <input type="checkbox"/> Swine ≥55 pounds: _____ < 55pounds: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Sheep or Lambs: _____ <input type="checkbox"/> Turkeys: _____ <input type="checkbox"/> Ducks: _____ <input type="checkbox"/> Horses: _____ <input type="checkbox"/> Chickens Broilers: _____ Layers: _____
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Generated by CAFO (Specify units: tons, gallons, or ft ³)	<input type="checkbox"/> Manure: Liquid: 2378900 Gallons Solid: 1188 TONS <input type="checkbox"/> Poultry Litter: _____ <input type="checkbox"/> Other Organic By-Products: _____ <input type="checkbox"/> Process Wastewater: _____ <input type="checkbox"/> Digestate: _____
Exported by CAFO (Specify units: tons, gallons, or ft ³)	<input type="checkbox"/> Manure: Liquid: 463500 Gallons Solid: 165 TONS <input type="checkbox"/> Poultry Litter: _____ <input type="checkbox"/> Other Organic By-Products: _____ <input type="checkbox"/> Process Wastewater: _____ <input type="checkbox"/> Digestate: _____

Total number of acres available for land application included in your MPPP:	152
Total acres you control used for land application in the past year:	68

Discharges

During the year, has manure, litter, process waste, or process wastewater discharged from your production area or land application fields? Yes / No

(NOTE: if you are covered by the Combined Permit, do not include discharges of agricultural stormwater here.)

If **YES**, provide a summary of the approximate date, time, volume and duration of the discharge(s). Summarize your response to the discharge(s). If necessary, attach a separate sheet of paper for additional space.

Adaptive Management Risk Level High or Very High

Document the reason(s) a land application field fall soil nitrate tests for a single year result in the field being at a risk level or high or very high. Identify which field the documentation applies to. If necessary, attach a separate sheet of paper for additional space.

Field 6 is in very High risk level

This is due to Rotation (Gross sod ploughed up + corn planted)
No manure was applied to this field during the season
Field is likely to be within medium level next year

Field 3 is in High risk level

This is also due to Rotation (Gross sod ploughed up + Corn Planted)
Manure was applied within reasonable expectations + budget

IV. Nutrient Source Content Analysis (Print additional copies of this page if you have more nutrient sources than space provided)

Nutrient Source Name	Nutrient Content					
		(NH ₃ /NH ₄)	(NO ₃ /NO ₂)	Phosphorus	Units	% OM
TANK	1 st Analysis	2.9		1.28	<input type="checkbox"/> PPM <input checked="" type="checkbox"/> (fill in) lbs/1000 gallons	6.2
	2 nd Analysis	2.75			<input type="checkbox"/> PPM <input checked="" type="checkbox"/> (fill in) lbs/1000 g	
	3 rd Analysis	6.75			<input type="checkbox"/> PPM <input checked="" type="checkbox"/> (fill in) lbs/1000 g	
SOLIDS STACK	1 st Analysis	1.66		1.47	<input type="checkbox"/> PPM <input checked="" type="checkbox"/> (fill in) lbs/ton	21.56
	2 nd Analysis				<input type="checkbox"/> PPM <input type="checkbox"/> (fill in)	
	3 rd Analysis				<input type="checkbox"/> PPM <input type="checkbox"/> (fill in)	
UREA	1 st Analysis	4.6			<input type="checkbox"/> PPM <input checked="" type="checkbox"/> (fill in) %	0
	2 nd Analysis				<input type="checkbox"/> PPM <input type="checkbox"/> (fill in)	
	3 rd Analysis				<input type="checkbox"/> PPM <input type="checkbox"/> (fill in)	
PLANTER FERTILIZER	1 st Analysis	1.06	0	1.91	<input type="checkbox"/> PPM <input checked="" type="checkbox"/> (fill in) lbs/gallon	0
	2 nd Analysis	16	16	0	<input type="checkbox"/> PPM <input checked="" type="checkbox"/> (fill in) %	0
	3 rd Analysis	6	0.3	21	<input type="checkbox"/> PPM <input checked="" type="checkbox"/> (fill in) %	0
	1 st Analysis				<input type="checkbox"/> PPM <input type="checkbox"/> (fill in)	
	2 nd Analysis				<input type="checkbox"/> PPM <input type="checkbox"/> (fill in)	
	3 rd Analysis				<input type="checkbox"/> PPM <input type="checkbox"/> (fill in)	
	1 st Analysis				<input type="checkbox"/> PPM <input type="checkbox"/> (fill in)	
	2 nd Analysis				<input type="checkbox"/> PPM <input type="checkbox"/> (fill in)	
	3 rd Analysis				<input type="checkbox"/> PPM <input type="checkbox"/> (fill in)	

V. Field Land Application Information (Print one copy of this page for each of your fields)

Field ID: 1+2	Action Level: Low	Crop Grown: GRASS	Crop Yield (provide units): 14.9 T/acre				
Field Soil Sample Nutrient Analysis							
Soil Profile Depth	NH ₃ /NH ₄ as N		NO ₃ /NO ₂ as N		Phosphorus as P	Units	% OM
	Spring	Fall	Spring	Fall	Fall		Fall
1 st Foot	9.1	13.2	14.2	11.0	14.2	<input checked="" type="checkbox"/> PPM <input type="checkbox"/> Lbs/Acre	6.9
2 nd Foot (if required)						<input type="checkbox"/> PPM <input type="checkbox"/> Lbs/Acre	
3 rd Foot (if required)						<input type="checkbox"/> PPM <input type="checkbox"/> Lbs/Acre	
Date of last Organic Matter (OM) Analysis: 9/29/16			Date of last Phosphorus Analysis: 9/29/16				

Nutrient Sources Applied to Field		
Nutrient Source Applied (List all sources of nutrients including commercial fertilizer that were applied to this field. Source name must match Nutrient Source Name from section IV)	Total Amount Applied	
TANK	1464004	<input checked="" type="checkbox"/> Gallons <input type="checkbox"/> Tons <input type="checkbox"/> Ft ³
SOLIDS STACK	252	<input type="checkbox"/> Gallons <input checked="" type="checkbox"/> Tons <input type="checkbox"/> Ft ³
UREA	2	<input type="checkbox"/> Gallons <input checked="" type="checkbox"/> Tons <input type="checkbox"/> Ft ³
PLANTER FERTILIZER	0	<input type="checkbox"/> Gallons <input type="checkbox"/> Tons <input type="checkbox"/> Ft ³
		<input type="checkbox"/> Gallons <input type="checkbox"/> Tons <input type="checkbox"/> Ft ³
		<input type="checkbox"/> Gallons <input type="checkbox"/> Tons <input type="checkbox"/> Ft ³
		<input type="checkbox"/> Gallons <input type="checkbox"/> Tons <input type="checkbox"/> Ft ³

V. Field Land Application Information (Print one copy of this page for each of your fields) *GRASS THEN*

Field ID: **3** Action Level: **HIGH** Crop Grown: **CORN** Crop Yield (provide units): **4.86T₆ + 28.5T_{CORN}**

Field Soil Sample Nutrient Analysis							
Soil Profile Depth	NH ₃ /NH ₄ as N		NO ₃ /NO ₂ as N		Phosphorus as P	Units	% OM
	Spring	Fall	Spring	Fall	Fall		Fall
1 st Foot	9.9	8.2	14.2	38.9	225	<input checked="" type="checkbox"/> PPM <input type="checkbox"/> Lbs/Acre	11.5
2 nd Foot (if required)						<input type="checkbox"/> PPM <input type="checkbox"/> Lbs/Acre	
3 rd Foot (if required)						<input type="checkbox"/> PPM <input type="checkbox"/> Lbs/Acre	

Date of last Organic Matter (OM) Analysis: **9/29/16** Date of last Phosphorus Analysis: **9/29/16**

Nutrient Sources Applied to Field	
Nutrient Source Applied (List all sources of nutrients including commercial fertilizer that were applied to this field. Source name must match Nutrient Source Name from section IV)	Total Amount Applied
TANK	449400 <input checked="" type="checkbox"/> Gallons <input type="checkbox"/> Tons <input type="checkbox"/> Ft ³
SOLIDS STACK	768 <input type="checkbox"/> Gallons <input checked="" type="checkbox"/> Tons <input type="checkbox"/> Ft ³
COMMERCIAL PLANTER FERTILIZER	580 <input checked="" type="checkbox"/> Gallons <input type="checkbox"/> Tons <input type="checkbox"/> Ft ³
	<input type="checkbox"/> Gallons <input type="checkbox"/> Tons <input type="checkbox"/> Ft ³
	<input type="checkbox"/> Gallons <input type="checkbox"/> Tons <input type="checkbox"/> Ft ³
	<input type="checkbox"/> Gallons <input type="checkbox"/> Tons <input type="checkbox"/> Ft ³
	<input type="checkbox"/> Gallons <input type="checkbox"/> Tons <input type="checkbox"/> Ft ³

V. Field Land Application Information (Print one copy of this page for each of your fields)

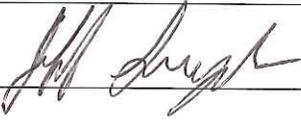
Field ID: 6	Action Level: VERY HIGH	Crop Grown: CORN	Crop Yield (provide units): 14.4 BT/acre				
Field Soil Sample Nutrient Analysis							
Soil Profile Depth	NH ₃ /NH ₄ as N		NO ₃ /NO ₂ as N		Phosphorus as P	Units	% OM
	Spring	Fall	Spring	Fall	Fall		Fall
1 st Foot	8.8	4.4	8.4	83.1	37	<input checked="" type="checkbox"/> PPM <input type="checkbox"/> Lbs/Acre	12.0
2 nd Foot (if required)						<input type="checkbox"/> PPM <input type="checkbox"/> Lbs/Acre	
3 rd Foot (if required)						<input type="checkbox"/> PPM <input type="checkbox"/> Lbs/Acre	
Date of last Organic Matter (OM) Analysis: 10/11/17				Date of last Phosphorus Analysis: 10/11/17			
Nutrient Sources Applied to Field							
Nutrient Source Applied (List all sources of nutrients including commercial fertilizer that were applied to this field. Source name must match Nutrient Source Name from section IV)					Total Amount Applied		
PLANTER FERTILIZER					360	<input checked="" type="checkbox"/> Gallons <input type="checkbox"/> Tons <input type="checkbox"/> Ft ³	
						<input type="checkbox"/> Gallons <input type="checkbox"/> Tons <input type="checkbox"/> Ft ³	
						<input type="checkbox"/> Gallons <input type="checkbox"/> Tons <input type="checkbox"/> Ft ³	
						<input type="checkbox"/> Gallons <input type="checkbox"/> Tons <input type="checkbox"/> Ft ³	
						<input type="checkbox"/> Gallons <input type="checkbox"/> Tons <input type="checkbox"/> Ft ³	
						<input type="checkbox"/> Gallons <input type="checkbox"/> Tons <input type="checkbox"/> Ft ³	
						<input type="checkbox"/> Gallons <input type="checkbox"/> Tons <input type="checkbox"/> Ft ³	

Manure, Litter, Process Wastewater and Other Organic By-Product Export (If you need more lines, print out more of this page)

Date	Name and Address of Recipient	Type and Amount Exported (gallons, tons, ft ³)	
3/20/18	MEENDERICK	<input checked="" type="checkbox"/> Manure Liquid: <u>348500 Gallons</u> <input type="checkbox"/> Manure Solid: _____ <input type="checkbox"/> Litter: _____	<input type="checkbox"/> Process Wastewater: _____ <input type="checkbox"/> Other Organic By-products: _____
5/21/18	BOSCHMA	<input checked="" type="checkbox"/> Manure Liquid: <u>115000 Gallons</u> <input type="checkbox"/> Manure Solid: _____ <input type="checkbox"/> Litter: _____	<input type="checkbox"/> Process Wastewater: _____ <input type="checkbox"/> Other Organic By-products: _____
5/15/18	TIMMERMANS	<input type="checkbox"/> Manure Liquid: _____ <input checked="" type="checkbox"/> Manure Solid: <u>165 TONS</u> <input type="checkbox"/> Litter: _____	<input type="checkbox"/> Process Wastewater: _____ <input type="checkbox"/> Other Organic By-products: _____
		<input type="checkbox"/> Manure Liquid: _____ <input type="checkbox"/> Manure Solid: _____ <input type="checkbox"/> Litter: _____	<input type="checkbox"/> Process Wastewater: _____ <input type="checkbox"/> Other Organic By-products: _____
		<input type="checkbox"/> Manure Liquid: _____ <input type="checkbox"/> Manure Solid: _____ <input type="checkbox"/> Litter: _____	<input type="checkbox"/> Process Wastewater: _____ <input type="checkbox"/> Other Organic By-products: _____
		<input type="checkbox"/> Manure Liquid: _____ <input type="checkbox"/> Manure Solid: _____ <input type="checkbox"/> Litter: _____	<input type="checkbox"/> Process Wastewater: _____ <input type="checkbox"/> Other Organic By-products: _____
		<input type="checkbox"/> Manure Liquid: _____ <input type="checkbox"/> Manure Solid: _____ <input type="checkbox"/> Litter: _____	<input type="checkbox"/> Process Wastewater: _____ <input type="checkbox"/> Other Organic By-products: _____

VI. Certification

"I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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."

Printed Name: JEFF SNYDAR	Date: 12/31/2018
Signature: 	

NOTE: Be sure to include your yearly nutrient budget for each of your fields including the budget for a double crop or winter cover crop (if applicable) **with your completed Annual Report Form.**