



APPENDIX B: ANNUAL REPORT FORM
Concentrated Animal Feeding Operation
(CAFO) General Permit

JAN 24 2020

WATER QUALITY PROGRAM

Reporting Year: 2019	Reporting Period: January 1 to December 31
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I. Permit Information

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

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

Name:	Email:
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"/> Sheep or Lambs: _____
<input checked="" type="checkbox"/> Dairy Heifers: 525	<input type="checkbox"/> Turkeys: _____
<input type="checkbox"/> Veal Calves: _____	<input type="checkbox"/> Ducks: _____
<input type="checkbox"/> Beef: _____	<input type="checkbox"/> Horses: _____
<input type="checkbox"/> Swine	<input type="checkbox"/> Chickens
≥55 pounds: _____	<input type="checkbox"/> Broilers: _____
< 55pounds: _____	Layers: _____
<input type="checkbox"/> Other: _____	

Generated by CAFO (Specify units: tons, gallons, or ft ³)	<input type="checkbox"/> Manure: Liquid: 1,425,600 Solid: 790
	<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: _____ Solid: 300
	<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: 136
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.

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					% OM
		(NH ₃ /NH ₄)	(NO ₃ /NO ₂)	Phosphorus	Units	
DRY STACK	1 st Analysis	746 ppm	4 ppm	0.23%	<input type="checkbox"/> PPM <input type="checkbox"/> (fill in)	22.73
	2 nd Analysis				<input type="checkbox"/> PPM <input type="checkbox"/> (fill in)	
	3 rd Analysis				<input type="checkbox"/> PPM <input type="checkbox"/> (fill in)	
TANK	1 st Analysis	4.25	0.04	1.34	<input type="checkbox"/> PPM <input checked="" type="checkbox"/> (fill in) lbs/1000g	
	2 nd Analysis	3			<input type="checkbox"/> PPM <input checked="" type="checkbox"/> (fill in) lbs/1000g	
	3 rd Analysis	7.13			<input type="checkbox"/> PPM <input checked="" type="checkbox"/> (fill in) lbs/1000g	
UREA	1 st Analysis				<input type="checkbox"/> PPM <input type="checkbox"/> (fill in)	
	2 nd Analysis	46	-	-	<input type="checkbox"/> PPM <input checked="" type="checkbox"/> (fill in) %	
	3 rd Analysis				<input type="checkbox"/> PPM <input type="checkbox"/> (fill in)	
PLANTER MIX	1 st Analysis				<input type="checkbox"/> PPM <input type="checkbox"/> (fill in)	
	2 nd Analysis	15.3		6.7	<input type="checkbox"/> PPM <input checked="" 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)	
	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	Action Level: Low	Crop Grown: GRASS	Crop Yield (provide units): 15.2 Tons/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	13.8	14.5	4.1	14	107	<input checked="" type="checkbox"/> PPM <input type="checkbox"/> Lbs/Acre	7.6
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: 9/28/19			Date of last Phosphorus Analysis: 9/28/19				
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	424,600					<input checked="" type="checkbox"/> Gallons <input type="checkbox"/> Tons <input type="checkbox"/> Ft ³	
UREA	0.73					<input type="checkbox"/> Gallons <input checked="" 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: **2** Action Level: **LOW** Crop Grown: **GRASS** Crop Yield (provide units): **15.2 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
	Spring	Fall	Spring	Fall	Fall	Fall
1 st Foot	75.3	14.5	16.1	14	107	<input checked="" type="checkbox"/> PPM
2 nd Foot (if required)						<input type="checkbox"/> PPM
3 rd Foot (if required)						<input type="checkbox"/> PPM <input type="checkbox"/> Lbs/Acre

Date of last Organic Matter (OM) Analysis: **9/28/19** Date of last Phosphorus Analysis: **9/28/19**

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	695,100	<input checked="" type="checkbox"/> Gallons <input type="checkbox"/> Tons <input type="checkbox"/> Ft ³
UREA	1.2	<input type="checkbox"/> Gallons <input checked="" 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: 3	Action Level: HIGH	Crop Grown: CORN	Crop Yield (provide units):			
Field Soil Sample Nutrient Analysis						
Soil Profile Depth	NH ₃ /NH ₄ as N		NO ₃ /NO ₂ as N		Phosphorus as P	Units
	Spring	Fall	Spring	Fall	Fall	% OM Fall
1 st Foot	7.4	10.6	23.7	39	145	<input type="checkbox"/> PPM Lbs/Acre 11.1
2 nd Foot (if required)						<input type="checkbox"/> PPM Lbs/Acre
3 rd Foot (if required)						<input type="checkbox"/> PPM Lbs/Acre
Date of last Organic Matter (OM) Analysis: 9/30/19			Date of last Phosphorus Analysis: 9/30/19			
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					152,700	<input checked="" type="checkbox"/> Gallons <input type="checkbox"/> Tons <input type="checkbox"/> Ft ³
DRYSTACK					625	<input type="checkbox"/> Gallons <input checked="" type="checkbox"/> Tons <input type="checkbox"/> Ft ³
PLANTER FERTILIZER					325	<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

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: <i>Jeff Snyder</i>	Date: <i>1-20-20</i>
Signature: <i>Jeff Snyder</i>	

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.**



N3 Consulting

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Because crops need feeding too!

Test date 3/30/2019

Farm Name **Snydar Farms**

Field	Lab #	Soil Test Results				Nitrogen Estimations			Requirement	Application
		NO3N	NH4N	P	OM	Available N	N from OM	Crop	5 year ave	N Plan
1&2	2679	4.1	13.8	142	6.9	50	104	Grass	320	166
3	2681	23.7	7.4	225	11.5	75	92	Corn	225	58
6	5800	16.1	7.5	37	12	42	180	Grass	250	28

Notes:

Application N Plan is the planned maximum N to be applied from manure and commercial fertilizer sources