



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

Reporting Year: 2020	Reporting Period: January 1 to December 31
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I. Permit Information

Permit Number: WAG994349	Facility Name: Snyder Farms
Permittee Name: Jeff Snyder	

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 checked="" type="checkbox"/> Dairy Heifers: <u>380</u> <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 <input type="checkbox"/> Broilers: _____ Layers: _____
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Generated by CAFO (Specify units: tons, gallons, or ft ³)	<input checked="" type="checkbox"/> Manure: Liquid: <u>1.9M gallons</u> Solid: <u>822 tons</u> <input type="checkbox"/> Poultry Litter: _____ <input type="checkbox"/> Other Organic By-Products: _____ <input type="checkbox"/> Process Wastewater: _____ <input type="checkbox"/> Digestate: _____
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Exported by CAFO (Specify units: tons, gallons, or ft ³)	<input type="checkbox"/> Manure: Liquid: _____ Solid: _____ <input type="checkbox"/> Poultry Litter: _____ <input type="checkbox"/> Other Organic By-Products: _____ <input type="checkbox"/> Process Wastewater: _____ <input type="checkbox"/> Digestate: _____
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Total number of acres available for land application included in your MPPP: <u>152</u>
Total acres you control used for land application in the past year: <u>80</u>

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 3 - Fall Nitrate 30.2 (just over the threshold)
Yield a little disappointing due to the
cold start to summer
In an "average" year, yield will be enough to ensure
lower soil samples.

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					Units	% OM
		(NH ₃ /NH ₄)	(NO ₃ /NO ₂)	Phosphorus			
Tank	1 st Analysis	345	4	329	<input checked="" type="checkbox"/> PPM <input type="checkbox"/> (fill in)	1.8	
	2 nd Analysis	287	5	234	<input checked="" type="checkbox"/> PPM <input type="checkbox"/> (fill in)	1.9	
	3 rd Analysis	4.26	0.04	1.98	<input checked="" type="checkbox"/> PPM <input type="checkbox"/> (fill in) <i>LBS/1000g</i>	1.96	
Solids	1 st Analysis	128	15	2100	<input checked="" type="checkbox"/> PPM <input type="checkbox"/> (fill in)	22.64	
	2 nd Analysis	1168	15	1500	<input checked="" type="checkbox"/> PPM <input type="checkbox"/> (fill in)	28.43	
	3 rd Analysis	0	0.1	3.24	<input checked="" type="checkbox"/> PPM <input type="checkbox"/> (fill in) <i>Lbs/T</i>	11.49	
UREA	1 st Analysis	46			<input checked="" type="checkbox"/> PPM <input type="checkbox"/> (fill in) %	0	
	2 nd Analysis				<input checked="" type="checkbox"/> PPM <input type="checkbox"/> (fill in)		
	3 rd Analysis				<input checked="" type="checkbox"/> PPM <input type="checkbox"/> (fill in)		
PLANTER MIX	1 st Analysis		23	10	<input checked="" type="checkbox"/> PPM <input type="checkbox"/> (fill in) %	0	
	2 nd Analysis				<input checked="" type="checkbox"/> PPM <input type="checkbox"/> (fill in)		
	3 rd Analysis				<input checked="" type="checkbox"/> PPM <input type="checkbox"/> (fill in)		
	1 st Analysis				<input checked="" type="checkbox"/> PPM <input type="checkbox"/> (fill in)		
	2 nd Analysis				<input checked="" type="checkbox"/> PPM <input type="checkbox"/> (fill in)		
	3 rd Analysis				<input checked="" type="checkbox"/> PPM <input type="checkbox"/> (fill in)		
	1 st Analysis				<input checked="" type="checkbox"/> PPM <input type="checkbox"/> (fill in)		
	2 nd Analysis				<input checked="" type="checkbox"/> PPM <input type="checkbox"/> (fill in)		
	3 rd Analysis				<input checked="" 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: MEDIUM	Crop Grown: Grass	Crop Yield (provide units): 6.43T/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	3.3	10.3	11.7	19.4	134	<input checked="" type="checkbox"/> PPM <input type="checkbox"/> Lbs/Acre	11
2 nd Foot (if required)						<input checked="" type="checkbox"/> PPM <input type="checkbox"/> Lbs/Acre	
3 rd Foot (if required)						<input checked="" type="checkbox"/> PPM <input type="checkbox"/> Lbs/Acre	
Date of last Organic Matter (OM) Analysis: 2020			Date of last Phosphorus Analysis: 2020				
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				524950		<input checked="" type="checkbox"/> Gallons <input type="checkbox"/> Tons <input type="checkbox"/> Ft ³	
UREA				1.46		<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: MEDIUM	Crop Grown: GRASS	Crop Yield (provide units): 6.43 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	4.7	6.1	22.4	29.1	218	<input checked="" type="checkbox"/> PPM <input type="checkbox"/> Lbs/Acre	14.2
2 nd Foot (if required)						<input checked="" type="checkbox"/> PPM <input type="checkbox"/> Lbs/Acre	
3 rd Foot (if required)						<input checked="" type="checkbox"/> PPM <input type="checkbox"/> Lbs/Acre	
Date of last Organic Matter (OM) Analysis: 2020			Date of last Phosphorus Analysis: 2020				
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					859,300	<input checked="" type="checkbox"/> Gallons <input type="checkbox"/> Tons <input type="checkbox"/> Ft ³	
UREA					2.39	<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	
						<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: GRASS + CORN	Crop Yield (provide units): 100T GRASS + 480T 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	4.5	4.8	28.9	30.2	125	<input checked="" type="checkbox"/> PPM <input type="checkbox"/> Lbs/Acre	12
2 nd Foot (if required)						<input checked="" type="checkbox"/> PPM <input type="checkbox"/> Lbs/Acre	
3 rd Foot (if required)						<input checked="" type="checkbox"/> PPM <input type="checkbox"/> Lbs/Acre	
Date of last Organic Matter (OM) Analysis: 2020			Date of last Phosphorus Analysis: 2020				
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				496,300		<input checked="" type="checkbox"/> Gallons <input type="checkbox"/> Tons <input type="checkbox"/> Ft ³	
SOLIDS				416		<input type="checkbox"/> Gallons <input checked="" type="checkbox"/> Tons <input type="checkbox"/> Ft ³	
PLANTER MIX				327		<input checked="" type="checkbox"/> Gallons <input type="checkbox"/> Tons <input type="checkbox"/> Ft ³	
UREA				0.75		<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	

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

Field ID: 6	Action Level: MEDIUM	Crop Grown: GRASS	Crop Yield (provide units): 3.1 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		5.4		20.4	25	<input checked="" type="checkbox"/> PPM <input type="checkbox"/> Lbs/Acre	16.7
2 nd Foot (if required)						<input checked="" type="checkbox"/> PPM <input type="checkbox"/> Lbs/Acre	
3 rd Foot (if required)						<input checked="" type="checkbox"/> PPM <input type="checkbox"/> Lbs/Acre	
Date of last Organic Matter (OM) Analysis: 2019			Date of last Phosphorus Analysis: 2019				
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		
SOLIDS					405	<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	
						<input type="checkbox"/> Gallons <input type="checkbox"/> Tons <input type="checkbox"/> Ft ³	

VI. Certification

<i>"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."</i>	
Printed Name: <i>Jeff Snyder</i>	Date: <i>1-14-21</i>
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.



N3 Consulting

PO Box 850, Lynden WA 98264

Phone: (360) 815-4851 Fax: (360) 592-0343 Email: david@n3consulting.com

Because crops need feeding too!

Test date 4/15/2020

Farm Name **Snydar Farms**

Field	Lab #	Soil Test Results				Nitrogen Estimations			Requirement 5 year ave	Application N Plan
		NO3N	NH4N	P	OM	Available N	N from OM	Crop		
1	4943	11.7	3.3	134	11	42	165	Grass	320	113
2	4944	22.4	4.7	218	14.2	65	114	Corn	225	46
3	4945	28.9	4.5	125	12	60	180	Grass	320	80
6	Est	25	5	25	16.7	54	251	Grass	320	16

Notes:

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