



# Concentrated Animal Feeding Operation (CAFO) NPDES Inspection Report



**Department of  
Agriculture**

NPDES Facility Number: 0 K G 0 1

**Region 6  
Dallas, Texas**

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Entry Time: \_\_\_ Exit Time: \_\_\_

Inspector's Name: \_\_\_\_\_

Inspector's Signature: \_\_\_\_\_

Inspector's Phone: \_\_\_\_\_

Oklahoma Feed Yard License No.: \_\_\_\_\_

Legal Description: \_\_\_/4 \_\_\_/4 \_\_\_/4 S \_\_\_ T \_\_\_ R \_\_\_

On-site Representative: \_\_\_\_\_

On-site Representative's Signature: \_\_\_\_\_

On-site Representative's Phone: \_\_\_\_\_

Name & Address of Responsible Official: \_\_\_\_\_

**Areas Evaluated During Inspection** (S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

- |                                               |                                          |                                               |                                                  |
|-----------------------------------------------|------------------------------------------|-----------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Permit               | <input type="checkbox"/> Self-Monitoring | <input type="checkbox"/> Pollution Prevention | <input type="checkbox"/> Operation & Maintenance |
| <input type="checkbox"/> Records              | <input type="checkbox"/> Laboratory      | <input type="checkbox"/> Compliance Schedule  | <input type="checkbox"/> Solids Disposal         |
| <input type="checkbox"/> Facility Site Review | <input type="checkbox"/> Other: _____    |                                               |                                                  |

## Part I

### Facility Operation Information and Permit Verification

1. Number and type of animals confined and maintained at this facility.

Type of CAFO	Number of Animals	Factor	Animal Units
<input type="checkbox"/> Dairy Cattle	_____	x 1.4	_____
<input type="checkbox"/> Slaughter / Feeder Cattle	_____	x 1.0	_____
<input type="checkbox"/> Swine (over 55 lbs.)	_____	x 0.4	_____
<input type="checkbox"/> Horse	_____	x 2.0	_____
<input type="checkbox"/> Sheep or Lambs	_____	x 0.1	_____
<input type="checkbox"/> Chickens	_____		_____
<input type="checkbox"/> Turkey	_____		_____
<input type="checkbox"/> Ducks	_____		_____
<input type="checkbox"/> Other _____	_____		_____
<b>Total Animal Units:</b>			_____

2. Number of days animals are stabled/confined and fed/maintained over any 12-month period:  
 45 Days or more     Less than 45 Days

3. What is the 25-year, 24-hour rainfall amount for this location? \_\_\_\_\_ inches

4. Name of surface water (stream, river, lake, canal) to which a discharge from the facility would be received?  
 \_\_\_\_\_

5. Do the animals confined on the CAFO come into direct contact with Waters of the U.S.?    Yes  No

If yes, are fences used to restrict access?    Yes  No

6. Is facility meeting compliance schedules?    Yes  No  N/A

## Part II Record Keeping

1. Operation and Maintenance Records

- A. Weekly measure of water level in retention facility    Yes  No
- B. Daily rainfall records (from on-site rain gauge)    Yes  No
- C. Log of removal of manure sold or given away    Yes  No
- D. Date, location, and amount of manure and/or retention basin waste applied to cropland    Yes  No
- E. Weekly, quarterly, and annual inspection and maintenance reports and inspection reports properly signed    Yes  No
- F. Log of preventative maintenance and employee training completed    Yes  No

2. Information Required to be Maintained at the Site

- A. Copy of the general permit    Yes  No
- B. Copy of Notice of Intent    Yes  No
- C. Documentation of no significant environmental impact\*    Yes  No

3. Monitoring Records

- A. Has facility had a discharge    Yes  No
- B. Discharge(s) reported to EPA    Yes  No  N/A
- C. Description and cause of discharge(s)    Yes  No  N/A
- D. Period of discharge, including exact date and times    Yes  No  N/A
- E. Sampling date, time, and flow path    Yes  No  N/A
- F. Individual collecting the sample    Yes  No  N/A
- G. Analyses dates and times    Yes  No  N/A
- H. Individual performing the analysis    Yes  No  N/A
- I. Analytical methods/techniques used    Yes  No  N/A
- J. Analytical results    Yes  No  N/A

\* Documentation on file at EPA Region 6, Dallas, Texas for facilities in existence before February 10, 1993.



## Part III Waste Handling, Treatment and/or Management Operations



1. Based on information available on the day of inspection, are solid and/or liquid wastes handled properly to prevent surface and/or ground water pollution?    Yes  No   
If no, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Based on information available on the day of inspection, has liquid retention facility been maintained at a level so it will retain a 25-year 24-hour rainfall event?    Yes  No   
If no, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Part IV Pollution Prevention Plan (PPP)

1. PPP on file, signed, updated, maintained and/or implemented    Yes  No
2. The PPP shall include, at a minimum:
- A. Description of potential pollutant sources**
1. A site map indicating an outline of the drainage area; each structural control measure, surface water bodies    Yes  No
  2. List of significant material that are used, stored, and disposed of at CAFO    Yes  No
  3. List of any significant spills, such as pesticides, cleaning agents, fuel, and other pollutants    Yes  No  N/A
  4. All existing sampling, and analytical data    Yes  No  N/A
- B. Waste Management Controls**
1. Permanent marker installed and maintained within the lagoon to show water level required for a 25-year, 24-hour rainfall event    Yes  No

2. Rain gauge installed and maintained    Yes  No
3. Design standards for retention facility embankments and schedule for liquid waste removal    Yes  No
4. Liner requirement information
  - a. Documentation and certification of no hydrological connection    Yes  No
  - b. Liner constructed in accordance to SCS Technical Note 716 or its current equivalent    Yes  No
  - c. Liner maintained to inhibit infiltration of wastewater    Yes  No
5. Adequate wastewater removal and land application
  - a. Irrigated wastewater discharged to a water of the U.S.    Yes  No
  - b. Irrigating when the ground frozen or saturated or while its raining    Yes  No
  - c. Adequate equipment or land application area provided    Yes  No

## Part V Sampling

1. Has facility had a discharge    Yes  No   
If **No**, then skip Part V.
2. Sample collected within the first 30 minutes from the initial discharge    Yes  No   
If no, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Location adequate for representative samples    Yes  No
4. Parameters and sampling frequency agree with permit    Yes  No
5. Sample collection procedures are adequate    Yes  No 
  - a. Proper preservation techniques used    Yes  No
  - b. Sample holding times prior to analysis in conformance with 40 CFR 136    Yes  No

## Part VI Laboratory

1. Has facility had a discharge    Yes  No   
If **No**, then skip Part VI.
2. EPA approved testing procedures used    Yes  No
3. If alternate analytical procedures are used, proper approval has been obtained    Yes  No
4. Contract laboratory used    Yes  No
5. Contract laboratory state certified    Yes  No

Lab Name: \_\_\_\_\_  
Lab Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Contact: \_\_\_\_\_