CONFINED ANIMAL FEEDING OPERATIONS
Inspection Checklist

General Information
Permit Number: __________________________ County/City: ___________________
Date of Permit Coverage: _____________________
Facility Name: ___________________________________
Owner/Operator: ___________________________ Phone: ___________________
Address: ___________________________________ ___________________
___________________________________ ___________________
Other facility contact: _____________________________ Phone: ___________________
Inspection Scheduled: [ ] Yes [ ] No
Inspection Announced: [ ] Yes [ ] No
Inspection Date/Time: ____________________ Photos / samples taken [ ] Yes [ ] No
Inspector: _____________________________ Certification Number _________________________
Reviewed By/Date: _________________________
Others Present: __________________________________________________________________

Type Livestock: Swine: [ ] Farrow [ ] Feeder [ ] Finish [ ] Sow/Farrow to Finish
[ ] Poultry [ ] Dairy [ ] Beef [ ] Other _________________________
Number Confined: At Inspection ___________ Reg. Statement___________ NMP ___________
Number of Housing Units: _______________

Construction Inspection Sheet: [ ] Previously Completed [ ] Attached [ ] N/A
DCR Training completed: [ ] Yes [ ] No Date: _________________________
Comments / General Summary
(This sheet should be sent with the inspection report and cover letter to summarize for the farm operator items that require corrective action and preventive measures (recommendations) to minimize potential problems.)

<table>
<thead>
<tr>
<th>Items requiring action:</th>
<th>Corrective action needed:</th>
<th>Expected Completion Date:</th>
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Recommendations:

1.  
2.  
3.  
4.  

Comments:
# Feeding and Waste Storage Facilities -- Swine

Perimeter of housing units clear of vegetation:  
- [ ] Yes  
- [ ] No

Evidence of leaks or overflow from housing units:  
- [ ] Yes  
- [ ] No

Which housing units? ___________________________________________________

Type of waste collection system:  
- [ ] Pull Plug  
- [ ] Recirculation  
- [ ] Sump  
- [ ] Flush gutter  
- [ ] Floor Over Pit  
- [ ] Other ______________________

Method of carcass disposal:  
- [ ] Burial  
- [ ] Incineration  
- [ ] Rendering  
- [ ] Composting  
- [ ] Other _________________

Type of waste storage facilities:  
- [ ] Lagoon  
- [ ] Pit  
- [ ] Slurry Store  
- [ ] Other ______________________________

Observed Freeboard (in):  
- Storage #1 ________  
- Evidence of Overflow:  
  - [ ] Yes  
  - [ ] No
- Storage #2 ________  
- Evidence of Overflow:  
  - [ ] Yes  
  - [ ] No
- Storage #3 ________  
- Evidence of Overflow:  
  - [ ] Yes  
  - [ ] No

Adequate vegetative cover on earthen berms:  
- [ ] Yes  
- [ ] No  
- [ ] N/A

Visible marker for max/min operating levels:  
- [ ] Yes  
- [ ] No  
- [ ] N/A

Trees/brush on berm:  
- [ ] Yes  
- [ ] No  
- [ ] N/A

Evidence of erosion on berm:  
- [ ] Yes  
- [ ] No  
- [ ] N/A

Evidence of burrowing animals:  
- [ ] Yes  
- [ ] No  
- [ ] N/A

General Condition of Feeding and Waste Storage Facilities:
# Feeding and Waste Storage Facilities -- Poultry

<table>
<thead>
<tr>
<th>Type of housing / operation:</th>
<th>[] High-rise layer</th>
<th>[] Floor litter (broiler/turkey)</th>
<th>[] Layer/gutter</th>
<th>[] Other ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of waste collection:</td>
<td>[] Cake removal</td>
<td>[] Total litter removal</td>
<td>[] Gutter/scaper</td>
<td>[] Belt system</td>
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<tr>
<td>Method of carcass disposal:</td>
<td>[] Composting</td>
<td>[] Incineration</td>
<td>[] Rendering</td>
<td>[] Daily Burial (Not Allowed By General Permit)</td>
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<tr>
<td>Type of waste storage facilities:</td>
<td>[] Shed</td>
<td>[] Pad</td>
<td>[] Composting Shed</td>
<td>[] Bunker</td>
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- [ ] All waste transferred off the farm within 14 days of cleanout (below does not apply)

If built after Dec. 1, 2000, out of 100-yr floodplain? [ ] Yes [ ] No [ ] N/A

If no, built up and protected from floodwaters? [ ] Yes [ ] No [ ] N/A

Waste Storage Time > 14 days

- Covered to protect from precipitation and wind [ ] Yes [ ] No
- Evidence of water running onto or under waste [ ] Yes [ ] No
- Impermeable barrier or 2 ft. separation to seasonal high water table [ ] Yes [ ] No
- If no, 1 ft. between impermeable barrier and seasonal high water table [ ] Yes [ ] No

General Condition of Feeding and Waste Storage Facilities:
Feeding and Waste Storage Facilities -- Cattle (Dairy and/or Beef)

Silage storage present: [ ] Yes [ ] No
Discharge from silage storage: [ ] Yes [ ] No
Discharge entering state waters: [ ] Yes [ ] No

Perimeter of housing units clear of vegetation: [ ] Yes [ ] No [ ] N/A
Evidence of leaks or overflow from housing units: [ ] Yes [ ] No [ ] N/A
Which housing units? ________________________________________________________
Discharge or overflow entering state waters: [ ] Yes [ ] No [ ] N/A

Loafing Areas Present: [ ] Yes [ ] No
Denuded with potential impact to State Waters: [ ] Yes [ ] No [ ] N/A

Type of Waste Collection System: [ ] Pull Plug [ ] Flush [ ] Sump
[ ] Scrape [ ] Floor Over Pit [ ] Other _____________________________

Method of carcass disposal: [ ] Burial [ ] Incineration [ ] Rendering
[ ] Composting [ ] Other _____________________________

Type of waste storage facilities (check all that apply): [ ] Earthen Storage [ ] Dry Stack
[ ] Slurry Store [ ] Tank (parlor water) [ ] Concrete Pit [ ] Other _____________________________

Visible marker for max/min operating levels: [ ] Yes [ ] No [ ] N/A

Observed Freeboard (in):
Storage #1 ________ Evidence of Overflow: [ ] Yes [ ] No
Storage #2 ________ Evidence of Overflow: [ ] Yes [ ] No

Adequate vegetative cover on earthen berms: [ ] Yes [ ] No [ ] N/A
Visible marker for max/min operating levels: [ ] Yes [ ] No [ ] N/A
Trees/brush on berm:
Evidence of erosion on berm: [ ] Yes [ ] No [ ] N/A
Evidence of burrowing animals: [ ] Yes [ ] No [ ] N/A

Condition of Feeding and Waste Storage Facilities:

____________________________
Monitoring Requirements

WASTE

Monitored in accordance with required frequency: [ ] Yes [ ] No  Freq. ______
Sample(s) Collected By: ________________________________
Analyzed by: ________________________________ Date(s): ______________

Proper Composite Sample Collected: [ ] Yes [ ] No
Waste analyses attached: [ ] Yes [ ] No
Waste Nutrient Value (N - P\textsubscript{2}O\textsubscript{5} - K\textsubscript{2}O):

Type: __________________
Surface Application: _____________________ (lbs./1000gals ; lbs./ton)
Incorporation: _____________________ (lbs./1000gals ; lbs./ton)
Type: __________________
Surface Application: _____________________ (lbs./1000gals ; lbs./ton)
Incorporation: _____________________ (lbs./1000gals ; lbs./ton)
Type: __________________
Surface Application: _____________________ (lbs./1000gals ; lbs./ton)
Incorporation: _____________________ (lbs./1000gals ; lbs./ton)

SOILS

Monitored in accordance with required frequency: [ ] Yes [ ] No  Freq. _____
Sample(s) Collected By: ________________________________
Analyzed By: ________________________________ Date: ______________

Proper Compositing Protocol Used: [ ] Yes [ ] No
Samples Collected from each Field: [ ] Yes [ ] No
Are pHS in Agronomic Range for Intended Crops: [ ] Yes [ ] No

GROUNDWATER  [ ] Required - Complete Groundwater Monitoring Sheet  [ ] N/A

Water Withdrawal Reporting: [ ] Yes [ ] No  
[ ] N/A (unknown animal usage or < 10,000gpd)

Comments:
# Nutrient Management Plan (NMP)

| NMP Approval Date: | __________________________ |
| Planner: | __________________________ |
| Phone: | __________________________ |

| Copy of Approved NMP Available: | [ ] Yes | [ ] No |
| Is NMP Current (update 1/3 years): | [ ] Yes | [ ] No |
| NMP Animal Units Exceeded: | [ ] Yes | [ ] No |

| Plan type: | [ ] N-based | [ ] P-based | [ ] Waste Transfer only (following sections N/A) |
| Application Equipment O&M Manuals Available: | [ ] Yes | [ ] No | [ ] N/A (Custom Applicator) |

| Waste Application Method: | [ ] Traveling Gun | [ ] Solid Set | [ ] Center Pivot |
| Liquid Spreader | Dry Manure Spreader | Other | __________________________ |

| Date of Last Calibration: | _________________________________________________________ |
| Method of Calibration: | _________________________________________________________ |

| Field Application Records Maintained: | [ ] Yes | [ ] No |

| Following information provided in records: | |
| Date(s) Applied: | [ ] Yes | [ ] No |
| Rate(s) Applied: | [ ] Yes | [ ] No |
| Crop: | [ ] Yes | [ ] No |
| Incorporation & type: | [ ] Yes | [ ] No |
| Supp. Fert. Applied: | [ ] Yes | [ ] No | [ ] N/A |
| Lime Applied: | [ ] Yes | [ ] No | [ ] N/A |

| Applications comply with seasonal spreading schedule: | [ ] Yes | [ ] No |

| Land application performed on targeted fields: | [ ] Yes | [ ] No |
| If no, adjustments made according to NMP Standards & Criteria | [ ] Yes | [ ] No |

| NMP Application Notes Followed: | [ ] Yes | [ ] No | [ ] N/A |
| (Maximum application rates, cutting schedule, etc.) |

| Yields In Approximate Range Provided by NMP: | [ ] Yes | [ ] No |

| Compliance with Other NMP Conditions: | [ ] Yes | [ ] No | [ ] N/A |

| Comments: | |
Application Field Data Sheet
(Use one sheet for each field inspected)

NRCS Tract #: _______________  Field #: _______________
Field Name: _________________  Gross Acres: __________  Usable Acres: __________

Crop - Current: _______________  Previous: _______________  Next: _______________
Crop Condition: [ ] Poor  [ ] Average  [ ] Good  [ ] N/A (Harvested)
Crops Harvested and Utilized  [ ] Yes  [ ] No  [ ] N/A (Cover crop)

Application Rate based on:  [ ] Long term average  [ ] Most recent analysis

<table>
<thead>
<tr>
<th>Date</th>
<th>Rate / ac</th>
<th>Amount applied</th>
<th>Incorporation: Yes (time) / No</th>
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Total Amount Applied to field: ____________________ (1000’s gals.; tons)
Waste Nutrient Value: ____________________ (lbs./1000gals; lbs./ton)
Nutrients from Waste (lbs./ac): ____________________
Supplemental Nutrients (lbs./ac): ____________________
Total Nutrients to Field (lbs./ac): ____________________
NMP Allowable Loading (lbs./ac): ____________________

Field Conditions
Evidence of Buffers Breached by Waste:  [ ] Yes  [ ] No
Evidence of Runoff/Erosion:  [ ] Yes  [ ] No

Comments:
Application Field Data Sheet
(Use one sheet for each field inspected)

NRCS Tract #: _______________ Field #: __________________
Field Name: _________________ Gross Acres: ____________ Usable Acres: __________

Crop - Current: _______________ Previous: _______________ Next: _______________
Crop Condition: [ ] Poor [ ] Average [ ] Good [ ] N/A (Harvested)
Crops Harvested and Utilized [ ] Yes [ ] No [ ] N/A (Cover crop)

Application Rate based on: [ ] Long term average [ ] Most recent analysis

<table>
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<tr>
<th>Date</th>
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<th>Amount applied</th>
<th>Incorporation: Yes (time) / No</th>
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Total Amount Applied to field ____________________ (1000’s gals. ; tons)
Waste Nutrient Value: ____________________ (lbs./1000gals ; lbs./ton)
Nutrients from Waste (lbs./ac): ____________________
Supplemental Nutrients (lbs./ac): ____________________
Total Nutrients to Field (lbs./ac): ____________________
NMP Allowable Loading (lbs./ac): ____________________

Field Conditions
Evidence of Buffers Breached by Waste: [ ] Yes [ ] No
Evidence of Runoff/Erosion: [ ] Yes [ ] No

Comments:
# GROUNDWATER MONITORING SHEET

Date Last Sampled: _______________________
Sample Collected By: _______________________
Analyzed By: _______________________

Proper Sample Preservation Used: [ ] Yes [ ] No
Proper Sample Protocol Used: [ ] Yes [ ] No
(Static water level measured prior to bailing)
(Three well volumes withdrawn prior to sampling)

One Upgradient, One Downgradient Wells Present: [ ] Yes [ ] No
pH Analysis Performed On-site: [ ] Yes [ ] No
Monitoring results attached: [ ] Yes [ ] No (see below)

<table>
<thead>
<tr>
<th>Well Number</th>
<th>1</th>
<th>2</th>
<th>3 (if present)</th>
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<tbody>
<tr>
<td>(up/downgradient)</td>
<td>______</td>
<td>______</td>
<td>______</td>
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<tr>
<td>Static Water Level (ft)</td>
<td>______</td>
<td>______</td>
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<tr>
<td>Ammonia Nitrogen (mg/l)</td>
<td>______</td>
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<td>______</td>
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<tr>
<td>Nitrate Nitrogen (mg/l)</td>
<td>______</td>
<td>______</td>
<td>______</td>
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<tr>
<td>pH (SU)</td>
<td>______</td>
<td>______</td>
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<tr>
<td>Conductivity (umhos/cm)</td>
<td>______</td>
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Comments:
CAFO Construction Inspection Sheet

The following information is required to verify compliance with the requirements of the CAFO General Permit Regulation 9 VAC 25-192-00 and § 62.1-44.17:1 of the Code of Virginia. This information pertains to the siting, design, construction and operation of earthen waste storage facilities.

**Certification**

Lagoon Liner Type: [ ] Clay [ ] Synthetic
Liner Permeability greater than 0.0014 in/hr: [ ] Yes [ ] No
Lagoon Siting outside 100yr flood plain: [ ] Yes [ ] No
Inundation Protected: [ ] Yes [ ] No [ ] N/A

As built Volumes: [ ] Treatment [ ] Storage [ ] Storm event (25yr-24hr)

Certification By: [ ] Professional Engineer ____________________________
[ ] NRCS Employee ____________________________
[ ] No Documentation [ ] Improper Documentation

**Design/Operation**

Notification provided 14 days prior to receiving animals: [ ] Yes [ ] No
Waste placed in lagoon at time of inspection: [ ] Yes [ ] No
Lagoon properly charged (1/2 treatment vol. or 6 ft.): [ ] Yes [ ] No
Appropriate storm water diversions around berm: [ ] Yes [ ] No
Visible waste level marker installed: [ ] Yes [ ] No [ ] N/A
Groundwater wells installed and baseline sampling: [ ] Yes [ ] No [ ] N/A
Waste pipe diffuser installed: [ ] Yes [ ] No [ ] N/A

Depth to Seasonal Water Table > 1.0 ft. below lagoon bottom: [ ] Yes [ ] No [ ] Unknown
Method Used to Determine Seasonal Water Table Elevation: [ ] Soil Boring/Test pit
[ ] Soil Survey
[ ] Other ____________________

Comments:
Poultry Waste Tracking and Accounting Sheet

VPG Permit No. ______________

This sheet, or a copy of the grower’s poultry waste transfer record sheet, may be used to track poultry waste transfers.

<table>
<thead>
<tr>
<th>Date</th>
<th>Tons</th>
<th>Litter Analysis (N-P-K)</th>
<th>Locality Where Waste Will Be Used (town or city and zip code)</th>
<th>Nearest Waterbody To Litter Application Area</th>
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