



Report of Discharge(s) from Concentrated Animal Feeding Operation (CAFO)

This information is required to be submitted under Michigan Act 451, Public Acts of 1994, as amended, Part 31.

Report Submitted by:	
Name and Title or Position	
CAFO name	
NPDES permit or COC number	
Address	
City, State, Zip, County	
Telephone #	
Fax #	
E-mail address	
Signature and Date (authorized representative)	

Discharge Information (see instructions for completing this section)	
1. Description of the discharge and its cause, including description of flow path to the surface water of the state. If discharge is through tile, also include information on the tile.	
2. Location of the discharge	
3. Estimate of volume discharged	
4. Surface waters impacted by the discharge(s)	
5. Period of discharge, including exact dates and times	
6. Anticipated time it is expected to continue	
7. Steps taken or planned to reduce, eliminate and prevent recurrence of the discharge	
8. Was the District Office, the Clerk of the local unit of government, and the county health department notified? If not, please explain.	
9. If the discharge is an authorized discharge, include a demonstration that the discharge meets the requirements contained in your NPDES Permit	
10. Precipitation type and amount	
11. Additional information (attach sheets and maps as necessary)	

Report of Discharge(s) from Concentrated Animal Feeding Operation Instructions

The CAFO responsible for the discharge shall report verbally, as soon as practicable but no later than 6 hours from the time the permittee becomes aware of the discharge. During normal business hours, notification to the Department shall be made to the phone number shown on the attached table. Notification during non-business hours shall be made to the Pollution Emergency Alerting System at 1-800-292-4706. The written report of discharge shall be submitted within 5 days of the discharge. Both verbal and written reports of the discharge shall be submitted to the appropriate District Office (see attached table), the Clerk of the local unit of government, and the county health department.

1. Describe of the discharge and its cause, including a description of flow path to the surface water of the State

Provide a description and the reason, the volume, and flow path to surface water for each discharge, such as lagoon overflow due to heavy rain, manure application on excessive slope, etc. If discharge is also through tile, then report needs to include information on the tile(s), such as depth, location, field conditions, etc. Be specific.

2. Location of the discharge(s)

Provide street address or other descriptive location (provide a map if necessary) for each point of discharge. Provide the latitude and longitude to within 10 seconds, if known or obtainable. Indicate the county where the discharge is located.

3. Estimate of the volume of the discharge

Provide the volume discharged in gallons or tons (clearly indicate which units are being used). If multiple discharge locations are included in the report, provide information for each discharge location, and the total volume for all discharges.

4. Surface waters impacted by the discharge(s)

Provide the name of the surface waters into which the discharge flows. If the discharge did not reach a surface water body, indicate "None". If the discharge goes to an unnamed surface waterbody, indicate that and provide the name of the first downstream waterbody with a name and a description of the path to this waterbody

5. Period of discharge, including exact dates and times

Provide the date and time the discharge began and ended. If multiple discharge locations are included in the report, provide information for each discharge location.

6. Anticipated time it is expected to continue

Provide the date and time the discharge is expected to continue

7. Steps taken or planned to reduce, eliminate and prevent recurrence of the discharge

Provide a detailed description of steps taken or planned (but not yet implemented). Include a schedule for planned actions.

8. Were initial notification procedures followed?

The CAFO responsible for the discharge is required to report verbally, as soon as practicable but no later than 6 hours from the time the permittee becomes aware of the discharge to the appropriate District Office (see attached table), the Clerk of the local unit of government, and the county health department. Was this done? If initial notification procedures were not followed, please explain why this happened and what steps will be taken to correct this situation.

9. If the discharge is an authorized discharge, include a demonstration that the discharge meets the requirements of your NPDES Permit.

Provide a detailed demonstration that the discharge meets the requirements for an authorized discharge as listed in your permit (typically Part I.A.1.) and provide the monitoring results if required in your permit (General Permit MIG440000 does not have monitoring requirements).

10. Precipitation type and amount

If the reason for the discharge is related to rainfall and/or snowmelt, provide the precipitation type, the amount of precipitation, time and duration of the precipitation (e.g., 2 inches of rain over a 6-hour period beginning at 3:00 a.m. on 9/9/2005).

11. Additional information

Provide any additional information you deem appropriate.

Water Division District Office Addresses And County Jurisdictions

<u>DEQ DISTRICT OFFICES</u>	<u>TELEPHONE #</u> <u>FAX #</u>	<u>COUNTY JURISDICTIONS</u>		
CADILLAC DISTRICT OFFICE SWQD DISTRICT SUPERVISOR 120 WEST CHAPIN ST CADILLAC, MI 49601-2158	231-775-3960 231-775-1511	ALPENA ALCONA ANTRIM BENZIE CHARLEVOIX CHEBOYGAN CRAWFORD EMMET	GRAND TRAVERSE KALKASKA LAKE LEELANAU MANISTEE MASON MISSAUKEE MONTMORENCY	OSCEOLA OSCODA OTSEGO PRESQUE ISLE ROSCOMMON WEXFORD
SOUTHEAST MICHIGAN DISTRICT OFFICE SWQD DISTRICT SUPERVISOR 38980 SEVEN MILE RD LIVONIA, MI 48152-1006	734-953-8905 734-953-1467	MACOMB OAKLAND ST. CLAIR WAYNE		
GRAND RAPIDS DISTRICT OFFICE SWQD DISTRICT SUPERVISOR STATE OFFICE BUILDING 6TH FLOOR 350 OTTAWA N.W. GRAND RAPIDS, MI 49503-2341	616-356-0500 616-356-0202	BARRY IONIA KENT MECOSTA MONTCALM MUSKEGON	NEWAYGO OCEANA OTTAWA	
JACKSON DISTRICT OFFICE SWQD DISTRICT SUPERVISOR 301 EAST LOUIS GLICK HIGHWAY JACKSON, MI 49201-1556	517-780-7690 517-780-7855	HILLSDALE JACKSON LENAWEE MONROE WASHTENAW		
MARQUETTE DISTRICT OFFICE SWQD DISTRICT SUPERVISOR 1990 U.S. 41 SOUTH MARQUETTE, MI 49855	906-228-6568 906-228-5245	ALGER BARAGA CHIPPEWA DELTA DICKINSON GOGEBIC	HOUGHTON IRON KEWEENAW LUCE MARQUETTE MACKINAC	MENOMINEE ONTONAGON SCHOOLCRAFT
KALAMAZOO DISTRICT OFFICE SWQD DISTRICT SUPERVISOR 7953 Adobe Road KALAMAZOO, MI 49009-5026	616-567-3500 616-567-9440	ALLEGAN BERRIEN BRANCH CALHOUN CASS KALAMAZOO	ST. JOSEPH VAN BUREN	
SAGINAW BAY DISTRICT OFFICE SWQD DISTRICT SUPERVISOR 503 NORTH EUCLID AVENUE BAY CITY, MI 48706-2965	989-686-8025 989-684-9799	ARENAC BAY CLARE GLADWIN HURON IOSCO	ISABELLA MIDLAND OGEMAW SAGINAW SANILAC TUSCOLA	
SHIAWASSEE DISTRICT OFFICE SWQD DISTRICT SUPERVISOR 10650 SOUTH BENNETT MORRICE, MI 48857-9792	517- 625-5515 517-625-5000	CLINTON EATON GENESEE GRATIOT INGHAM	LAPEER LIVINGSTON SHIAWASSEE	