



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 Bureau District Office Addresses And County Jurisdictions

DNRE DISTRICT OFFICES

Cadillac District Office
 120 W. Chapin St
 Cadillac, MI 49601-2158
 phone: (231) 775-3960
 fax: (231) 775-1511 or
 (231) 775-4050 (second floor)

Grand Rapids District Office
 State Office Building, 5th Floor
 350 Ottawa Avenue NW, Unit 10
 Grand Rapids, MI 49503-2341
 phone: (616) 356-0500
 fax: (616) 356-0202

Jackson District Office
 301 E Louis Glick Hwy
 Jackson, MI 49201-1556
 phone: (517) 780-7690
 fax: (517) 780-7855

Kalamazoo District Office
 7953 Adobe Rd
 Kalamazoo, MI 49009-5025
 phone: (269) 567-3500
 fax: (269) 567-9440

Lansing District Office
 525 W. Allegan
 (Constitution Hall, 4th Floor, North)
 P.O. Box 30242
 Lansing, MI 48909-7742
 phone: (517) 335-6010
 fax: (517) 241-3571

Saginaw Bay District Office
 401 Ketchum Street, Suite B
 Bay City, MI 48708
 phone: (989) 894-6200
 fax: (989) 891-9237

COUNTY JURISDICTIONS

ALPENA	CRAWFORD	MANISTEE	OTSEGO
ALCONA	EMMET	MASON	PRESQUE ISLE
ANTRIM	GRAND TRAVERSE	MISSAUKEE	ROSCOMMON
BENZIE	KALKASKA	MONTMORENCY	WEXFORD
CHARLEVOIX	LAKE	OSCEOLA	
CHEBOYGAN	LEELANAU	OSCODA	

BARRY	NEWAYGO
IONIA	OCEANA
KENT	OTTAWA
MECOSTA	
MONTCALM	
MUSKEGON	

HILLSDALE
 JACKSON
 LENAWEE
 MONROE
 WASHTENAW

ALLEGAN	KALAMAZOO
BERRIEN	ST. JOSEPH
BRANCH	VAN BUREN
CALHOUN	
CASS	

CLINTON	LIVINGSTON
EATON	SHIAWASSEE
GENESEE	
GRATIOT	
INGHAM	
LAPEER	

ARENAC	IOSCO
BAY	ISABELLA
CLARE	MIDLAND
GLADWIN	OGEMAW
HURON	SAGINAW

The Lansing Office also covers CAFOs
 in these counties:
 MCCOMB
 OAKLAND
 ST. CLAIR
 WAYNE

SANILAC
 TUSCOLA