



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY
Water Resources Division

REPORT OF DISCHARGE 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: _____

Facility Name: _____

NPDES Permit or COC Number: _____

Facility Address: _____

City, State, Zip, County: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

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 (if applicable).

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, within 24 hours from the time the permittee becomes aware of the discharge. During normal business hours, notification to the DEQ 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 five (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, within 24 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.
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 9/9/2015).
11. Additional information - Provide any additional information you deem appropriate.

Water Resources' Office Addresses and County Jurisdictions

EGLE DISTRICT OFFICES

Bay City Office
401 Ketchum St, Ste. B
Bay City, MI 48708
Phone: 989-894-6200
Fax: 989-891-9237

Cadillac Office
120 W Chapin St
Cadillac, MI 49601-2158
Phone: 231-775-3960
Fax: 231-775-1511

Detroit Office – Cadillac Place
3058 West Grand Blvd, Ste 2-300
Detroit, MI 48202-6058
Phone: 313-456-4700
Fax: 313-456-4692

Gaylord Office
2100 West M-32
Gaylord, MI 49735-9282
Phone: 989-731-4920
Fax: 989-731-6181

Grand Rapids Office
State Office Building, 5th Floor
350 Ottawa Ave NW, Unit 10
Grand Rapids, MI 49503-2341
Phone: 616-356-0500
Fax: 616-356-0202

Jackson Office
301 E. Louis Glick Hwy
Jackson, MI 49201-1556
Phone: 517-780-7690
Fax: 517-780-7855

Kalamazoo Office
7953 Adobe Rd
Kalamazoo, MI 49009
Phone: 269-567-3500
Fax: 269-567-9440

COUNTY JURISDICTIONS

ARENAC
BAY
CLARE
GLADWIN
HURON

BENZIE
GRAND TRAVERSE
KALKASKA
LAKE
LEELANAU

WAYNE

ALCONA
ALPENA
ANTRIM
CHARLEVOIX
CHEBOYGAN

BARRY
IONIA
KENT
MECOSTA
MONTCALM

HILLSDALE
JACKSON
LENAWEE
MONROE
WASHTENAW

ALLEGAN
BERRIEN
BRANCH
CALHOUN
CASS

IOSCO
ISABELLA
MIDLAND
OGEMAW
SAGINAW

MANISTEE
MASON
MISSAUKEE
OSCEOLA
WEXFORD

CRAWFORD
EMMET
MONTMORENCY
OSCODA
OTSEGO

MUSKEGON
NEWAGO
OCEANA
OTTAWA

KALAMAZOO
ST. JOSEPH
VAN BUREN

SANILAC
TUSCOLA

PRESQUE ISLE
ROSCOMMON

Lansing Office - Constitution Hall
525 W Allegan, 1st Floor S
Lansing, MI 48909-7742
Phone: 517-284-6651
Fax: 517-241-3571

CLINTON
EATON
GENESEE
GRATIOT
INGHAM

LAPEER
LIVINGSTON
SHIAWASEE

Marquette Office
1504 W Washington St
Marquette, MI 49855
Phone: 906-228-4853
Fax: 906-228-4940 & 4939

ALGER
BARAGA
CHIPPEWA
DELTA
DICKINSON

GOGEBIC
HOUGHTON
IRON
KEWEENAW
LUCE

MACKINAC
MARQUETTE
MENOMINEE
ONTONAGON
SCHOOLCRAFT

Warren Office
27700 Donald Court
Warren, MI 48092-2793
Phone: 586-753-3700
Fax: 586-751-4690

MACOMB
OAKLAND
ST. CLAIR
WAYNE

If you need this information in an alternate format, contact EGLE-Accessibility@Michigan.gov or call 800-662-9278.

EGLE does not discriminate on the basis of race, sex, religion, age, national origin, color, marital status, disability, political beliefs, height, weight, genetic information, or sexual orientation in the administration of any of its programs or activities, and prohibits intimidation and retaliation, as required by applicable laws and regulations. Questions or concerns should be directed to the Nondiscrimination Compliance Coordinator at EGLE-NondiscriminationCC@Michigan.gov or 517-249-0906.

This form and its contents are subject to the Freedom of Information Act and may be released to the public.