

**ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
ANNUAL REPORT FORM FOR PERMITTED
LIQUID ANIMAL WASTE MANAGEMENT SYSTEMS**

Reporting Period: _____

PERMITTEE NAME: _____ **PERMIT NUMBER:** _____

PHONE NUMBER: _____ **AFIN NUMBER:** _____

FACILITY TYPE AND SIZE: _____
(ie., 200 Cow Dairy, 2,500 Swine Finishing, 80,000 Bird Layer Operation, etc.)

WASTE DISPOSAL SYSTEM CONSISTS OF: _____
(ie., Holding Pond, Holding Pond & Settling Basin, Concrete Holding Tank, etc.)

WASTE APPLICATION METHOD: _____
(ie., Tank Spreader, Irrigation System, etc.)

NO. OF APPLICATION FIELDS: _____

TOTAL AVAILABLE ACREAGE: _____

WASTEWATER SAMPLE LOCATION: _____
(Lagoon During Pumping or Field During Application)

You must submit a copy of the **wastewater analysis** for each sample provided to the University Of Arkansas Cooperative Extension Service or a private lab. The wastewater analysis must include: pH (su), Total Nitrogen, Ammonia Nitrogen, Total Potassium, Total Phosphorus, and Percent Solids.

You must submit a copy of the **soil analysis** for each field with this form. The soil analysis must include: pH (su), Potassium (lbs/ac), Phosphorus (lbs/ac), and Nitrates (lbs/ac). Sampling and analysis should be conducted in accordance with the University Of Arkansas Cooperative Extension Service guidelines unless otherwise specified.

Complete the tables on the back to report the **nitrogen and phosphorus application rate**. The table for phosphorus application rate is only required to be completed if required by your permit.

You must sign and date this report and submit it to the Department prior to May 30th of each year. Please keep a copy of this report, the soil analysis, and the wastewater analysis for your record at the facility.

I certify under penalty of law that I have examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information.		
Owner or Operator (Please Print)	Signature	Date

Mail complete annual report form and annual application report to:
Arkansas Department of Environmental Quality
Permits Branch, Office of Water Quality
5301 Northshore Drive
North Little Rock, AR 72118

Nitrogen Application Rate*

PERMITTEE NAME: _____ **PERMIT NUMBER:** _____

[illegible]

* An updated Arkansas Nutrient Management Planner based on the waste and soil analyses may be submitted in place of this table.

**Total available area is the area where manure was applied during the reporting period (this data can be obtained from the management plan).

***Total volume applied is the total volume applied to the field during the whole reporting period (this data can be obtained from record sheet).

****Total Nitrogen concentration (lbs/1000 gallons) can be obtained from the wastewater analysis sheet.

Column (6) = Nitrogen Applied (lbs/ac) = Column (4) X Column (5) ÷ Column (3) ÷ 1,334

NOTE: You may make additional copies of this table as needed.

ANNUAL ANIMAL WASTE LAND APPLICATION REPORT

Phosphorus Application Rate*

PERMITTEE NAME: _____ **PERMIT NUMBER:** _____

[illegible]

*The Phosphorus Application Rate only needs to be reported if required by your permit. An updated Arkansas Nutrient Management Planner based on the waste and soil analyses may be submitted in place of this table.

**Total available area is the area where manure was applied during the reporting period (this data can be obtained from the management plan).

***Total volume applied is the total volume applied to the field during the whole reporting period (this data can be obtained from record sheet).

****Total Phosphorus as P₂O₅ concentration (lbs/1000 gallons) can be obtained from the wastewater analysis sheet.

Column (6) = Phosphorus Applied (lbs/ac) = Column (4) X Column (5) ÷ Column (3) ÷ 1,000

NOTE: You may make additional copies of this table as needed.