Animal Waste Storage Pond and Lagoon Closure Report Form
(Please type or print all information that does not require a signature)

General Information:
Name of Farm: ________________________________ Facility No: __________
Owner(s) Name: ____________________________________________
Mailing Address: ____________________________________________ Phone No: __________
County: ________________________________________________

Operation Description (remaining animals only):
Please check this box if there will be no animals on this farm after lagoon closure. If there will still be animals on the site after lagoon closure, please provide the following information on the animals that will remain.

Operation Description:
<table>
<thead>
<tr>
<th>Type of Swine</th>
<th>No. of Animals</th>
<th>Type of Poultry</th>
<th>No. of Animals</th>
<th>Type of Dairy</th>
<th>No. of Animals</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Wean to Feeder</td>
<td>__________</td>
<td>o Layer</td>
<td>__________</td>
<td>o Milking</td>
<td>__________</td>
</tr>
<tr>
<td>o Feeder to Finish</td>
<td>__________</td>
<td>o Non-Layer</td>
<td>__________</td>
<td>o Dry</td>
<td>__________</td>
</tr>
<tr>
<td>o Farrow to Wean</td>
<td>__________</td>
<td>Type of Beef</td>
<td>No. of Animals</td>
<td>o Heifers</td>
<td>__________</td>
</tr>
<tr>
<td>o Farrow to Feeder</td>
<td>__________</td>
<td>o Brood</td>
<td>__________</td>
<td>o Calves</td>
<td>__________</td>
</tr>
<tr>
<td>o Farrow to Finish</td>
<td>__________</td>
<td>o Feeders</td>
<td>__________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Gilts</td>
<td>__________</td>
<td>o Stockers</td>
<td>__________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Boars</td>
<td>__________</td>
<td>Other Type of Livestock: __________</td>
<td>Number of Animals: __________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Will the farm maintain a number of animals greater than the 2H .0217 threshold?  Yes o  No o
Will other lagoons be in operation at this farm after this one closes?  Yes o  No o
How many lagoons are left in use on this farm?: __________

(Name) ____________________________________________ of the Water Quality Section's staff in the Division of Water Quality's Regional Office (see map on back) was contacted on __________ (date) for notification of the pending closure of this pond or lagoon. This notification was at least 24 hours prior to the start of closure, which began on __________ (date).

I verify that the above information is correct and complete. I have followed a closure plan, which meets all NRCS specifications and criteria. I realize that I will be subject to enforcement action per Article 21 of the North Carolina General Statutes if I fail to properly close out the lagoon.

Name of Land Owner (Please Print): ________________________________
Signature: ________________________________ Date: __________

The facility has followed a closure plan which meets all requirements set forth in the NRCS Technical Guide Standard 360. The following items were completed by the owner and verified by me: all waste liquids and sludges have been removed and land applied at agronomic rate, all input pipes have been removed, all slopes have been stabilized as necessary, and vegetation established on all disturbed areas.

Name of Technical Specialist (Please Print): ________________________________
Affiliation: ________________________________
Address (Agency): ________________________________ Phone No.: __________
Signature: ________________________________ Date: __________

Return within 15 days following completion of animal water storage pond or lagoon closure to:
N. C. Division Of Water Quality
Animal Feeding Operations Unit
1636 Mail Service Center
Raleigh, NC 27699-1636

PLC - 1  March 18, 2002