

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):

o 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:

<i>Type of Swine</i>	<i>No. of Animals</i>	<i>Type of Poultry</i>	<i>No. of Animals</i>	<i>Type of Dairy</i>	<i>No. of Animals</i>
o Wean to Feeder	_____	o Layer	_____	o Milking	_____
o Feeder to Finish	_____	o Non-Layer	_____	o Dry	_____
o Farrow to Wean	_____	<i>Type of Beef</i>	<i>No. of Animals</i>	o Heifers	_____
o Farrow to Feeder	_____	o Brood	_____	o Calves	_____
o Farrow to Finish	_____	o Feeders	_____		
o Gilts	_____	o Stockers	_____		
o Boars	_____	<i>Other Type of Livestock:</i>	_____	<i>Number of Animals:</i>	_____

Will the farm maintain a number of animals greater than the 2H .0217 threshold? Yes No

Will other lagoons be in operation at this farm after this one closes? Yes No

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**