

To: TDEC  
Division of Water Resources  
1421 Hampshire Pike  
Columbia, TN 38401

Mark Jordan  
Tennessee Division of Water Resources  
Enforcement and Compliance Section  
Tennessee Tower, 11<sup>th</sup> Floor  
312 Rosa Parks Avenue  
Nashville, TN 37243

TN DEPT OF ENVIRONMENT  
AND CONSERVATION

JAN 21 2016

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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Daniel Newton - owner/operator

Daniel Newton

1-15-12e

Name and title, print or type

Signature

Date

For: annual CAFO report submittal

Due: Between January 1 and February 15

Tennessee CAFO Factsheet – Appendix D Annual Report Template

*NPDES CAFO Permit Annual Report*

NPDES Permit Number: <u>SOPC 00000</u> Permit Tracking No.: <u>SOPC 00071</u>	Reporting period (mm/dd/yyyy - mm/dd/yyyy) <u>1/1/2015</u> - <u>12/31/2015</u>
Facility Name: <u>Newton Farms</u> Address: <u>33501 Ardmore Ridge Rd.</u> <u>Ardmore, TN 38449</u> Phone Number: <u>256-431-7652</u>	Home Address / mailing Address <u>33261 Ardmore Ridge Rd.</u> <u>Ardmore, TN 38449</u> ↑ New mailing Address

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**I. TYPE AND NUMBER OF ANIMALS.**

Report the maximum number of each type of animal confined at this facility at any one time.

Type	Number in Open Confinement	Number Housed Under Roof
Mature Dairy Cows		
Dairy Heifers		
Veal Calves		
Other Cattle		
Swine (55 lbs or more)		
Swine (under 55 lbs)		
Horses		
Sheep or Lambs		
Turkeys		
Chickens (broilers)		<u>26,900 - Per house</u>
Chickens (layers)		
Ducks		
Other (specify):		

Total of 4 houses - 26,900 per house  
 107,600 - Total of All 4 houses

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**II. MANURE, LITTER AND PROCESS WASTEWATER PRODUCTION.**

Report the estimated amount of manure, litter and process wastewater that was generated at this facility in the 12-month period covered by this report.

- A. Amount of manure generated \_\_\_\_\_ tons
- B. Amount of litter generated 850-900 tons
- C. Amount of process wastewater generated \_\_\_\_\_ gallons.

**III. MANURE, LITTER AND PROCESS WASTEWATER TRANSFERRED TO OTHER PERSONS.**

Report the estimated amount of manure, litter and process wastewater transferred to other persons in the 12-month period covered by this report.

- A. Amount of manure transferred \_\_\_\_\_ tons
- B. Amount of litter transferred 850-900 tons
- C. Amount of process wastewater transferred \_\_\_\_\_ gallons

**IV. LAND APPLICATION ACRES COVERED BY THE NUTRIENT MANAGEMENT PLAN.**

Report the total number of acres that are covered by this facility's nutrient management plan. Include all land application acres covered by the nutrient management plan, whether or not they were used for land application during the 12-month period covered by this report.

Total number of land application acres covered by the nutrient management plan 8.33 Acres  
No 1:Hor Applied To this Acreage

**V. TOTAL NUMBER OF ACRES USED FOR LAND APPLICATION OF MANURE, LITTER OR PROCESS WASTEWATER.**

Report the total number of acres of land where manure, litter or process wastewater generated at this facility was spread. Include only application areas under the control of this CAFO facility.

Total number of acres used for land application None

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**VI. SUMMARY OF DISCHARGES.**

Provide a summary of each discharge of manure, litter and/or process wastewater from the production area(s) that occurred in the 12-month period covered by this report. Attach additional sheets, if needed.

Date <sup>a</sup>	Time <sup>b</sup>	Description <sup>c</sup>	Volume <sup>d</sup>
		None	

<sup>a</sup> Date: The date of the discharge. If the discharge was detected after it happened, give an estimate of the date when the discharge occurred.  
<sup>b</sup> Time: The time of the discharge. If the discharge was detected after it happened, give an estimate of the time when the discharge occurred.  
<sup>c</sup> Description: Provide other relevant information about the discharge, including the source, cause, composition (e.g., emergency overflow of process wastewater from lagoon #2), and impacts observed (e.g., fish kill in waterbody).  
<sup>d</sup> Volume: Give an estimate of the number of gallons or tons of manure, litter or process wastewater discharged.

**VII. NUTRIENT MANAGEMENT PLAN**

Indicate whether the facility's nutrient management plan was either developed or approved by a certified nutrient management planner (e.g., a comprehensive nutrient management plan).

Was the current version of this facility's nutrient management plan prepared or approved by a certified nutrient management planner?  Yes  No

Print Name: Daniel Newton Date: 1-15-16

Signature: Daniel Newton