PLAN OF ACTION (POA) FOR LAGOON SLUDGE REDUCTION

Facility Number:_____ **County:**_____

Facility Name:_____

Certified Operator Name:_____**Operator #:**_____

****Attach a copy of Lagoon Sludge Survey Form and volume worksheets**

Note: A certified Sludge Management Plan may be submitted in lieu of this POA.

	Lagoon 1	Lagoon 2	Lagoon 3	Lagoon 4	Lagoon 5	Lagoon 6
a. Lagoon Name/ Identifier						
b. Total Sludge Depth (ft)						
c. Sludge Depth to be Removed for Compliance (ft)						
d. Sludge Volume to be Removed (gallons)						
e. Sludge PAN (lbs/1000 gal)						
f. Liquid PAN (lbs/1000 gal)						
g. PAN of Sludge (lbs) (d x e)/1000						

Compliance Timeframes:

If the sludge level is equal to or higher than the stop pump level of the lagoon or if the sludge level results in an elevated waste analysis, a sludge management plan that meets the requirements of SB Interagency Group Guidance Document 1.26 must be prepared by a technical specialist and submitted to DWQ within 90 days. Work to reduce the sludge level must begin within another 180 days. Compliance with NRCS Standard 359 must be achieved within two years of the original sludge survey.

If the sludge level is non-compliant but below the stop pump level of the lagoon, a POA must be filed within 90 days and compliance with NRCS Standard 359 must be achieved within two years of the original sludge survey indicating non-compliance. If future sludge surveys do not show improvement in sludge levels, DWQ may require the owner to develop a sludge management plan that meets the requirements of SB Interagency Group Guidance Document 1.26.

NARRATIVE: Use this section to describe the method(s) that will be used to lower the sludge depth. If microbe use is planned, specify the product to be used.

I hereby certify that I have reviewed the information listed above and included within the attached Plan of Action, and to the best of my knowledge and ability, the information is accurate and correct. I further certify and acknowledge that compliance with regard to sludge accumulation must be achieved within two years of the original sludge survey indicating non-compliance.

Sludge Survey Date: _____ **Compliance Due Date:_____**

_____ **Phone:_____**

Facility Owner/Manager (print)

_____ **Date:_____**

Facility Owner/Manager (signature)

Return this form to:

Animal Feeding Operations Unit
NC Division of Water Quality
1636 Mail Service Center
Raleigh, NC 27699-1636