

FORM DAI100

SUPPLEMENTAL FORM FOR DAIRY FARMS

Please list the number of cows currently at your dairy in each type of housing:							
	Flushed Freestalls	Scraped Freestalls	Vacuumed Freestalls	Flushed Corrals	Scraped Corrals	Vacuumed Corrals	Other:
Milk Cows							
Dry Cows							
Heifers (15 - 24 months)							
Heifers (7 - 14 months)							
Heifers (3 - 6 months)							
Calves (under 3 months)							
Mature Bulls							
Total Herd:		Breed of Cow:			Total Animal Units:		

Please list the maximum number of cows that can be housed at your dairy in each type of housing based on the current as-built capacity:							
	Flushed Freestalls	Scraped Freestalls	Vacuumed Freestalls	Flushed Corrals	Scraped Corrals	Vacuumed Corrals	Other:
Milk Cows							
Dry Cows							
Heifers (15 - 24 months)							
Heifers (7 - 14 months)							
Heifers (3 - 6 months)							
Calves (under 3 months)							
Mature Bulls							

Has there been any new construction or modifications at your dairy since January 1, 2004? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list all modifications after January 1, 2004 in the space below. Attach additional sheets if necessary
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black;"/>

Cow Housing

Freestalls:

N/A

Total number of freestall barns at the dairy: _____

Number of stalls in each freestall: _____

Number of times freestall lanes & walkways are flushed/scraped/vacuumed each day: _____

Open Corrals:

N/A

Total number of open corrals at the dairy: _____ Are there shades in the open corrals? Yes No

Number of times corral lanes are flushed/scraped/vacuumed each day: _____

How often is manure removed from the open corrals? _____

Baby Calves (under 3 months):

N/A

Are baby calves housed in calf hutches? Yes No

How are the calves housed? Directly on the soil/floor On top of grates

Other Cow Housing Facilities (check all that apply)

Special Needs/Maternity Housing Bulls Other: _____

Milking Center(s)

How many milking centers are there at the dairy? _____

Milking Center #1

Type of Milking Center: Parallel Herringbone Rotary Other _____

Number of milking stalls: _____ How many times are the cows milked per day? _____

Frequency milking center flushed? Continuous After Each Milking Other _____

Milking Center #2/Hospital Milking Center

N/A

Type of Milking Center: Parallel Herringbone Rotary Other _____

Number of milking stalls: _____ How many times are the cows milked per day? _____

Frequency milking center flushed? Continuous After Each Milking Other _____

Waste Handling (check all that apply)

- Anaerobic Treatment Lagoon(s) Aerated Lagoon(s) Anaerobic Digester(s) (Covered lagoon)
 Lagoon(s) Storage Pond(s) Settling Basin(s) Weeping wall(s) Mechanical Separator(s)
 Composting Manure Stock Piles Land Application Off-site Disposal
 Other _____

Liquid Manure Handling	<input type="checkbox"/> Check here if this section does not apply
Number of mechanical separators: _____ Are separators equipped with dewatering presses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is done with separated solids after removal? _____ _____	
How many settling basins/weeping walls are at your farm? _____	
What is the size of each settling basin/weeping wall (Length x Width x Depth)? _____, _____, _____, _____, _____	
How many lagoons are on your farm? _____	
What is the size of each lagoon (Length x Width x Depth)? _____, _____, _____, _____, _____	
How many storage ponds are on your farm? _____	
What is the size of each storage pond (Length x Width x Depth)? _____, _____, _____, _____, _____	
What controls are associated with the lagoon? (Attach relevant information and specifications.)	
<input type="checkbox"/> None <input type="checkbox"/> Aerators <input type="checkbox"/> Covered Lagoon <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Emissions vented to control device (specify e.g., Flare, IC Engine, etc): _____	

Solid Manure Management/Storage	<input type="checkbox"/> Check here if this section does not apply
How is solid manure stored at your farm? <input type="checkbox"/> Open Piles <input type="checkbox"/> Covered (tarpred) piles <input type="checkbox"/> Other _____	
Is solid manure applied to your cropland? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how often? (e.g., twice/year) _____
Is solid manure hauled off-site? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how often? (e.g., twice/year) _____
What other practices are used to handle solid manure? _____ _____	

Composting	<input type="checkbox"/> Check here if this section does not apply
If your farm composts manure, then what type of composting is done?	
<input type="checkbox"/> None <input type="checkbox"/> Windrow <input type="checkbox"/> Aerated Static Pile (ASP) <input type="checkbox"/> Enclosed ASP (e.g., Building, AgBag, Gore Cover, etc)	
<input type="checkbox"/> Other _____	

On-field Activities	<input type="checkbox"/> Check here if this section does not apply
How many acres of cropland that you farm, are contiguous to your dairy? (Include crops separated by roads & avenues) _____	
What methods are used to apply manure to your land? (check all that apply)	
<input type="checkbox"/> Flood Irrigation <input type="checkbox"/> Solid Spreading <input type="checkbox"/> Liquid injection <input type="checkbox"/> Sprinkler Irrigation <input type="checkbox"/> Furrow Irrigation	
<input type="checkbox"/> Other _____	
Is solid manure incorporated immediately after application? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Feed
What methods are used to store feed? (check all that apply)
<input type="checkbox"/> Feed Storage/Commodity Barns <input type="checkbox"/> Silage Piles <input type="checkbox"/> Other _____
What system(s) are used to feed the cows? (check all that apply)
<input type="checkbox"/> Mixer Feed Wagon <input type="checkbox"/> Long Hay <input type="checkbox"/> Milk Barn Grain <input type="checkbox"/> Other _____

Other Equipment	<input type="checkbox"/> Check here if this section does not apply
Note: If your farm also has any of the following equipment, please fill out the appropriate supplemental form(s).	
<input type="checkbox"/> Grain Storage Silos <input type="checkbox"/> Stationary IC Engines	
<input type="checkbox"/> Gasoline Tanks <input type="checkbox"/> Boilers/Heaters <input type="checkbox"/> Other _____	

Conservation Management Practice (CMP) Plan
Has a CMP been submitted for your dairy pursuant to District Rule 496? <input type="checkbox"/> Yes <input type="checkbox"/> No
If a CMP plan has not yet been submitted, please submit applicable CMP for your dairy and farmland. For more information on CMP plans, you may visit the District website: www.airquality.org