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FRANKLIN J. FALEN²

October 16, 2014

VIA CM/ECF:

Elisabeth Shumaker, Clerk
United States Court of Appeals for the Tenth Circuit
1823 Stout Street
Denver, CO 80257

Re: *Front Range Equine Rescue v. Vilsack*, No. 13-2187
Intervenor/Appellee's Notice of Supplemental Authority
Pursuant to FRAP 28(j)

Dear Ms. Shumaker:

Pursuant to FRAP 28(j), Intervenor-Appellee submits this notice of supplemental authority.

Intervenor-Appellee, International Equine Business Association ("IEBA"), by and through their undersigned counsel, hereby files this Notice of Supplemental Authority in response to the Plaintiffs-Appellants' Humane Society of the United States ("HSUS") and Front Range Equine Rescue's ("FRER") Response to Notice of Supplemental Authority dated September 10, 2014. This case remains a live controversy, and it is not rendered moot by Valley Meat Company's Motion to Dismiss – *State of New Mexico ex rel. Gary K. King, Attorney General, v. Valley Meat Co., et al.*, No. 1010-cv-02013-03197 (N.M.D.C., 1st Jud. Dist.).

As supplemental authority in support of their argument for a live controversy, Intervenor-Appellee respectfully submits the attached Application for Food Safety and Inspection Service ("FSIS") Federal Inspection filed by D'Allendo Meats, LLC (attached as Exhibit 1) and the New Mexico Environment Department Groundwater Discharge Permit Application submitted by D'Allendo Meats, LLC (attached as Exhibit 2). D'Allendo Meats LLC, a New Mexico based limited liability corporation, purchased the processing plant originally owned by Defendant-Intervenor-Appellee Valley Meat, LLC. On September 8, 2014, Defendant-Appellee submitted to this court Valley Meat's withdrawal of its application for a grant of inspection. *See* Defendant-Appellee's Notice of Supplemental Authority. The Plaintiffs-Appellants then filed a response arguing that the case before the 10th Circuit was moot. *See* Plaintiffs-Appellants' Response to Notice of Supplemental Authority. On September 25, 2014, D'Allendo Meats, LLC, the purchaser of the Valley Meat facility, filed an application for Federal Inspection and a Groundwater Discharge Permit, supported by documents showing that D'Allendo Meats, LLC

(1) intends to commercially slaughter equine in New Mexico, and (2) applied for Federal Inspection and State inspection in order to engage in the commercial slaughter of equine. This recent development presents a live controversy.

Respectfully submitted,

/s/Karen Budd-Falen

Karen Budd-Falen
BUDD-FALEN LAW OFFICES, LLC
307/632-5105
karen@buddfalen.com

KBF/MAH/vld

xc: Counsel of Record via CM/ECF

Enclosures

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0583-0153. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE		Instructions: Submit this application to the District/Regional Office, Food Safety and Inspection Service, U.S. Department of Agriculture for import inspection requests. Complete all sections. If a section is not applicable, enter "N/A" or "None." If additional space is needed for any item, attach sheet and number the item.
APPLICATION FOR FEDERAL INSPECTION (Meat, Poultry, Egg Product and Import Inspection)		
SECTION I.		ESTABLISHMENT INFORMATION
1. Date of Application 09-25-14	2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Location <input type="checkbox"/> Application Extension	
3. Type of Inspection Required (Check box) <input checked="" type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Egg Product <input type="checkbox"/> Import		4. Form of Organization (Check box) <input type="checkbox"/> Individual <input type="checkbox"/> Cooperative Association <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC
5. If Corporation, Name of State Where Incorporated N/A	6. Address of Corporate Headquarters N/A	7. Date Incorporated N/A
8. Name of Applicant and Mailing Address (include zip code) D'ALLEND MEATS, LLC 1601 E FOURTH AVE. EL PASO, TEXAS 79901	9. Federal Employer ID# 47-1927361	11. Area Code and Telephone Number 915-694-0704
	10. Dun & Bradstreet # (if applicable) N/A	12. Firm's Code (Import Only) N/A
13. Actual Name of and Physical Address of Plant D'ALLENDE MEATS, LLC 3845 CEDARVALE ROAD ROSWELL, NM 88203	14. Mailing Address if Different from Item 8 (include zip code) N/A	15. Area Code and Telephone Number SAME AS ABOVE
16. Attach Limits or Establishment Premises to be under Federal Inspection (for egg plants attach blueprint) SEE SITE ATTACHMENTS (3)		
17. Name and Establishment Number of other official establishments located in the same facility N/A	18. Doing Business As N/A	
19. Month and Year when establishment will be ready to operate under inspection MARCH 2015		20. Comments NONE
SECTION II. TYPE OF OPERATION MEAT AND POULTRY INSPECTION ACTIVITIES (Check all that apply.)		
21 A. Animals to be slaughtered when inspecting is inaugurated (meat and poultry only)		
a.. <input type="checkbox"/> Beef <input type="checkbox"/> Sheep <input type="checkbox"/> Goats <input type="checkbox"/> Swine <input checked="" type="checkbox"/> Equine <input type="checkbox"/> Chicken <input type="checkbox"/> Turkeys <input type="checkbox"/> Goose <input type="checkbox"/> Ducks <input type="checkbox"/> Guineas <input type="checkbox"/> Squab <input type="checkbox"/> Rabbits		
b. <input type="checkbox"/> Raw - Non-Intact Products		
c. <input checked="" type="checkbox"/> Raw - Intact Products		
d. <input type="checkbox"/> Thermally Processed Commercially Sterile		
e. <input type="checkbox"/> Not Heat Treated - Shelf Stable		
f. <input type="checkbox"/> Heat Treated - Shelf Stable		
g. <input type="checkbox"/> Fully Cooked - Not Shelf Stable		
h. <input type="checkbox"/> Heat Treated but Not Fully Cooked - Not Shelf Stable		
i. <input type="checkbox"/> Product with Secondary Inhibitors - Not Shelf Stable		

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EGG PRODUCTS INSPECTION

21 B. Check the type of product intended for inspection at the establishment (Check all that apply)

- a. Shell Egg Breaking
- b. Thermally Processed (Pasteurized heat treated)
 - Cans/Pails Flexible Pouches Jars Cartons Bag-n-Box Totes Tankers Other
- c. Not Heat Treated - Unpasteurized egg product only
- d. Heat Treated - Shelf Stable (Dried egg product, 50% Sugar Yolk)
- e. Heat Treated But Not Fully Cooked - not shelf stable (liquid and frozen egg products)

IMPORT INSPECTION

21 C. Species (Check all that apply)

- Meat Poultry Egg Products

22. Check the type of product intended for inspection at the establishment (Check all that apply)

- a. Raw - Non-Intact
 - Ground Other Non-Intact
- b. Raw - Intact
 - Carcasses: Beef Veal Veal Hide On Goats Pork Lamb
 - Mutton Equine Poultry Ratites
 - Other: Cuts Boneless Manufacturing Meats Other Intact
- c. Thermally Processed Commercially Sterile
 - Cans Flexible Pouches Trays Jars
- d. Not Heat Treated - Shelf Stable
- e. Heat Treated - Shelf Stable
- f. Fully Cooked - Not Shelf Stable
 - Frozen from an APHIS restricted country (9CFR 94.4(b)) Frozen Perishable
- g. Heat Treated But Not Fully Cooked - Not Shelf Stable
- h. Product with Secondary Inhibitors - Not Shelf Stable
- i. Shell Eggs/Egg Products
 - Shell Eggs Liquid Frozen Dried

23. Mode of Transportation - Import Inspection Only (Check all that apply)

- Tankers Rail Cars Trucks Ocean Vessel Airline Other (Specify) _____

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SECTION III OWNERSHIP AND MANAGEMENT INFORMATION

24. List all persons responsibly connected with the applicant. Include all owners, partners, officers, directors, holders or owners of 10 per centum or more of voting stock and employees in a managerial or executive capacity in the business. Notify the Division Director or import Inspection Division Director of any changes in the listing given.

Name and Title (Title - Indicate if partner or manager)	Present Home Address (Street and Number, City, State, Zip Code)	HOLDER OF 10% OR MORE VOTING STOCK (If Corp.)	
		YES	NO
JOSE HERNANDEZ-MGR	605 MEADOW WILLOW EL PASO TX 79922	<input checked="" type="checkbox"/>	<input type="checkbox"/>
RYOICHI OKUBO-MGR	6793 PEARL RIDGE EL PASO TX 79912	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

25. Enter the name of each person listed under Item 24 who has been convicted in any Federal or State court of any felony. Enter the name of each person listed under item 24 who has been convicted in any Federal or State court of more than one violation of any law, other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime, the date of conviction and the court in which convicted. If none write "None."

NONE

26. List each conviction against the applicant (person, firm or corporation) in any Federal or State court of any felony. List each conviction against the applicant (person, firm or corporation) in any Federal or State court of more than one violation of any law, other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime, the date of conviction and the court in which convicted. If none write "None."

NONE

27. Have conditions for receiving inspection been met (HACCP, SSOP, Recall Procedures) in accordance with § 304.3 and 381.22 of the regulations. (Check one)

YES NO

28. Applicant has been provided with a copy of this Privacy Act Notice. (Check one)

YES NO

29. Typed Name of Person Signing Application
RYOICHI OKUBO

30. Signature


31. Title
MGR

TO BE COMPLETED BY USDA, FSIS

32. Is this establishment presently under State inspection or the Cooperative Interstate Shipment (CIS) Program?

YES NO

STATE CIS

33. Is this establishment to be under Talmadge-Aiken Act? (OFO only)

YES NO

34. Official Inspection Number Reserved

35. Signature of DM or IID Director

36. Date

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0583-0153. The time required to complete this information collection is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

U. S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE

HOURS OF OPERATION REQUEST/APPROVAL

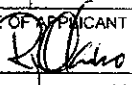
1. NAME OF APPLICANT D'ALLENDE MEATS, LLC		2. DATE OF REQUEST 09-25-14	3. DISTRICT / IID-HEADQUARTER OFFICE DALLAS
4. MAILING ADDRESS OF APPLICANT 1601 E FOURTH AVE EL PASO, TX 79901		<input checked="" type="checkbox"/> New (Attach to application form) <input type="checkbox"/> Update or Revision	

HOURS OF OFFICIAL INSPECTION OPERATIONS REQUESTED - SHIFT 1

DAY OF WEEK	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Start Time		7:30 AM	7:30 AM	7:30 AM	7:30 AM	7:30 AM	
Lunch Break Start		12:00	12:00	12:00	12:00	12:00	
Lunch Break End		12:30	12:30	12:30	12:30	12:30	
End Time		4:00 PM	4:00 PM	4:00 PM	4:00 PM	4:00 PM	

HOURS OF OFFICIAL INSPECTION OPERATIONS REQUESTED - SHIFT 2

DAY OF WEEK	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Start Time							
Lunch Break Start							
Lunch Break End							
End Time							

5. SIGNATURE OF APPLICANT 	6. PRINTED NAME RYOICHI OKUBO-MGR
--	--------------------------------------

HOURS OF OFFICIAL INSPECTION OPERATIONS GRANTED - SHIFT 1

DAY OF WEEK	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Start Time							
Lunch Break Start							
Lunch Break End							
End Time							

HOURS OF OFFICIAL INSPECTION OPERATIONS GRANTED - SHIFT 2

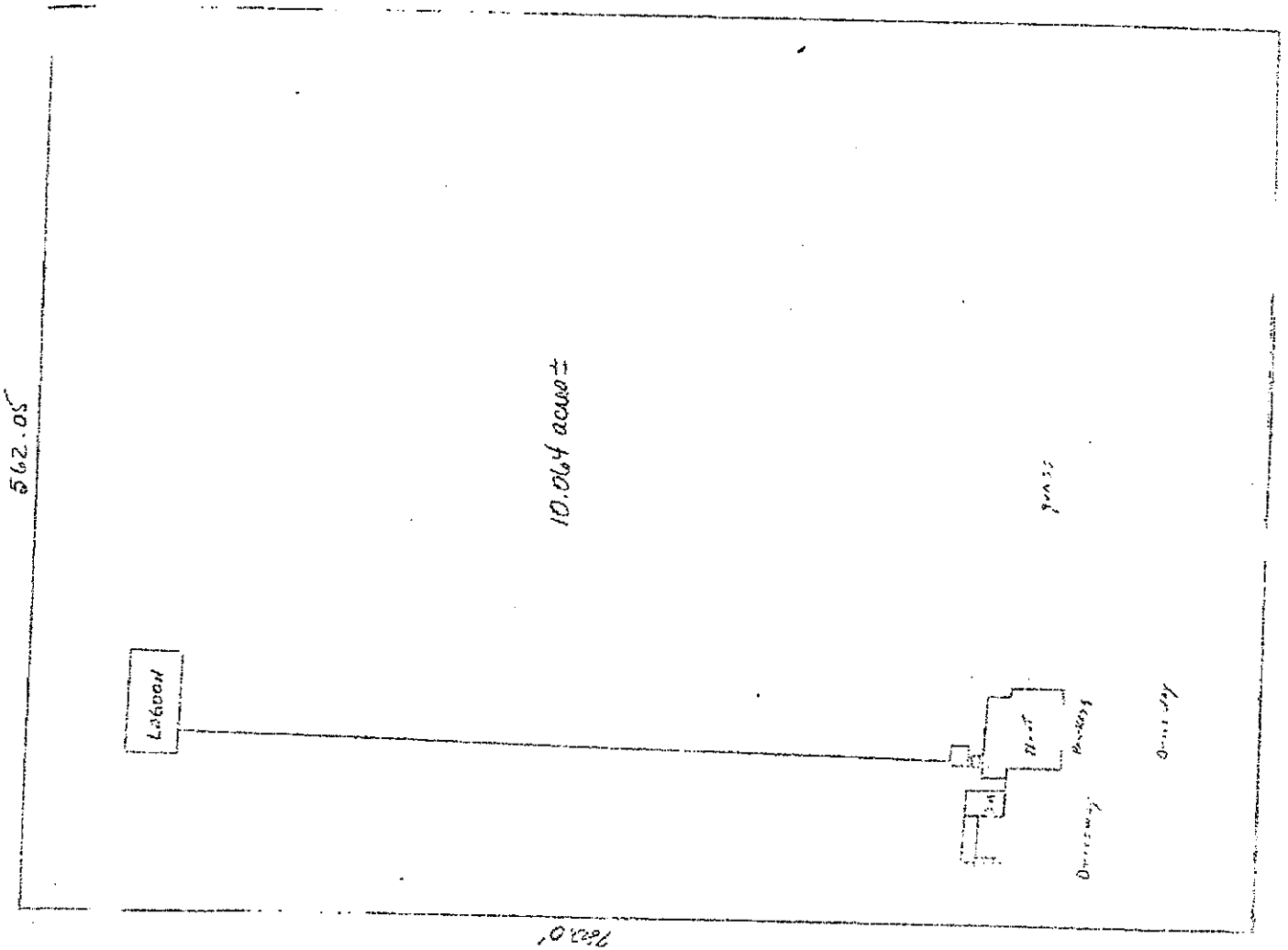
DAY OF WEEK	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Start Time							
Lunch Break Start							
Lunch Break End							
End Time							

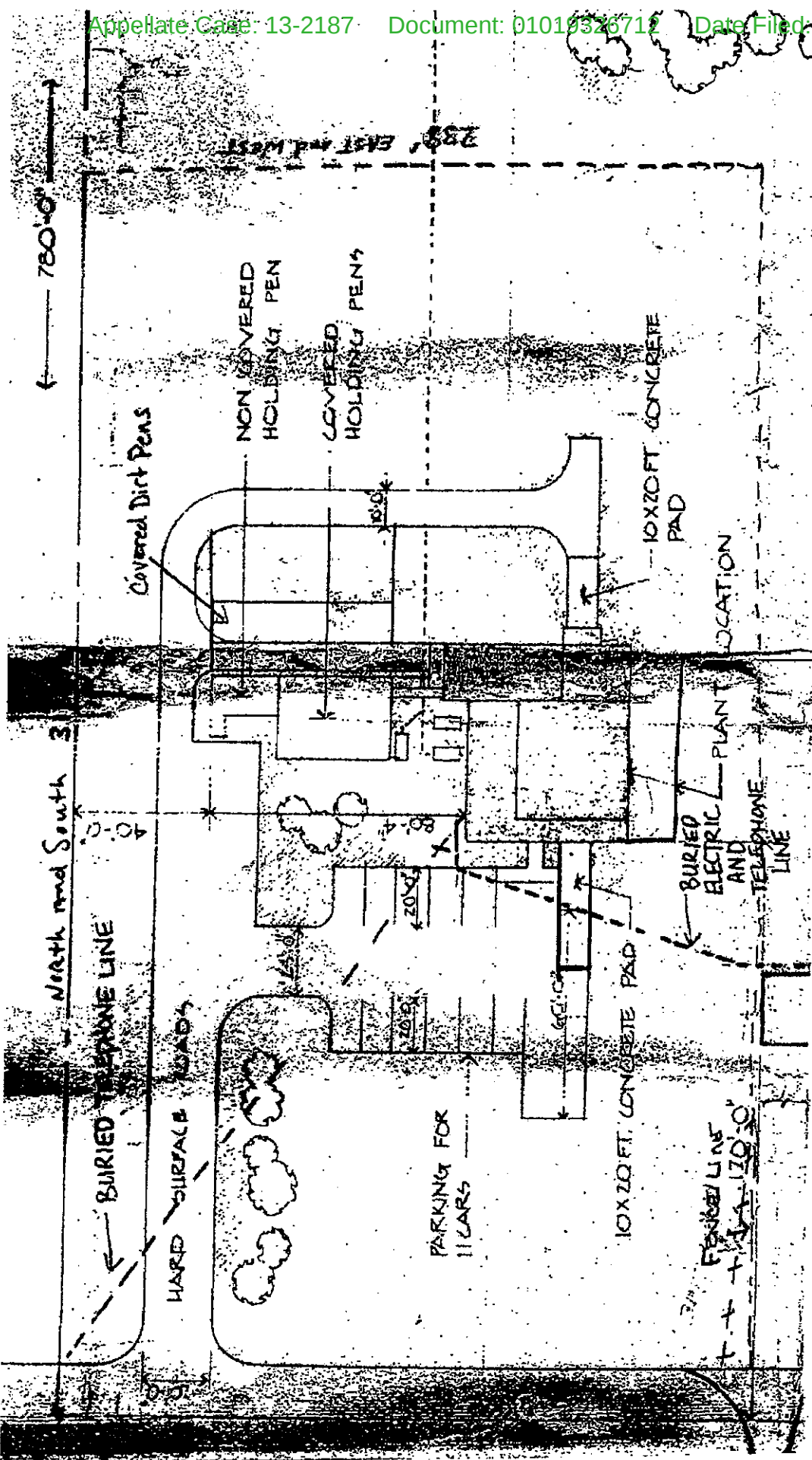
7. PRINT NAME OF DISTRICT/ IID - HEADQUARTER MANAGER	8. SIGNATURE OF DISTRICT/ IID-HEADQUARTER MANAGER	9. DATE
--	---	---------

Legal Description
3845 Cedarvale Road, Roswell, NM 88203

Section 17 Township 11S Range 25E

N2N2
W 562.05 Ft
E 2849.50 Ft
N 784.77 Ft





GROUNDWATER DISCHARGE PERMIT APPLICATION

SUBMITTED TO: PROGRAM MANAGER

GROUND WATER POLLUTION PREVENTION SECTION

NEW MEXICO ENVIROMENT DEPARTMENT

1190 ST FRANCIS DRIVE

PO BOX 5469

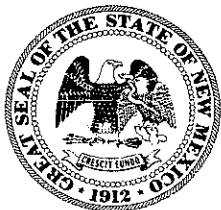
SANTA FE, NEW MEXICO 87502

BY:

D'ALLENDE MEATS, LLC

1601 E FOURTH AVE

EL PASO, TEXAS 79901



NEW MEXICO ENVIRONMENT DEPARTMENT
GROUND WATER QUALITY BUREAU



DISCHARGE PERMIT APPLICATION

Type of Application. Check appropriate box.

- Application for new Discharge Permit -- new facility
- Application for new Discharge Permit -- existing (unpermitted) facility
- Application for Discharge Permit Renewal
- Application for Discharge Permit Modification
"Modification" is defined as a change to the permit requirements that result from a change in the location of the discharge, a significant increase in the quantity of the discharge, or a significant change in the quality of the discharge.
- Application for Discharge Permit Renewal and Modification

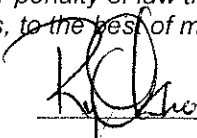
For an existing Discharge Permit, please indicate: DP Number _____ Expiration date _____

Checklist of Application Components.

<input checked="" type="checkbox"/> Part A: Administrative Completeness.	Instructions for completing the application are included on the form itself and on Supplemental Instructions for Parts A and B. You may fill out the application manually, or a Microsoft Word version may be downloaded from www.nmenv.state.nm.us (Ground Water Quality) and filled out electronically.
<input checked="" type="checkbox"/> Part B: Operational, Monitoring, Contingency and Closure Plans, with required attachments. <i>Choose appropriate option:</i> <input type="checkbox"/> Septic Tank System <input checked="" type="checkbox"/> General – Various Facility Types	
<input checked="" type="checkbox"/> Part C: Site Information, with required attachments.	
<input checked="" type="checkbox"/> \$100 Filing Fee, payable to the New Mexico Environment Department. <i>Required from all applicants. An additional fee will be assessed prior to permit issuance. Permit fees are listed in Section 20.6.2.3114 NMAC.</i>	

Certification. Signature must be that of the person named in Item A-3 of Part A of the application.

I certify under penalty of law that I am knowledgeable about the information contained in this application. The information is, to the best of my knowledge and belief, true, accurate and complete.

Signature:  Date: 09-25-14

Printed Name: RYOICHI OKUBO

Title: MGR

Send three complete copies of this application and the filing fee to:

Program Manager
Ground Water Pollution Prevention Section
New Mexico Environment Department
PO Box 5469
Santa Fe, NM 87502

**GROUND WATER DISCHARGE PERMIT APPLICATION
PART A: ADMINISTRATIVE COMPLETENESS
 All Facilities**

A-1. Facility Information. See Supplemental Instructions to determine what constitutes the "facility." The physical location of the facility must be provided. If the facility does not have an address, the location can be described by road intersections, mile posts, or landmarks, as appropriate.

Facility Name D'ALLENDE MEATS LLC

Former Names (if any) _____

Physical address/location 3845 CEDARVALE RD
(mandatory) ROSWELL, NEW MEXICO County CHAVEZ

Mailing address 1601 E FOURTH AVE
EL PASO TEXAS 79901

Contact person RYOICHI OKUBO

Title MGR

Telephone number(s) 915-694-0704

Fax number _____ E-mail address _____

A-2. Type of Discharge and Type of Facility. See Supplemental Instructions.

Type of discharge: Domestic Agricultural Industrial Mining

Type of facility: SLAUGHTER/PROCESSING FACILITY

A-3. Applicant Information. The applicant is the person or entity (e.g., corporation, partnership, organization, municipality, etc.) legally responsible for the discharge and for complying with the terms of the Discharge Permit. If the applicant is an entity, then the name and title of a contact person must be provided. This application must be signed by the applicant or contact person named here.

Applicant Name D'ALLENDE MEATS, LLC

Mailing address 1601 E FOURTH AVE
EL PASO TEXAS 79901

Contact person RYOICHI OKUBO

Title MGR

Telephone number(s) 915-694-0704

Fax number _____ E-mail address _____

A-4. Consultant Information (if applicable). If the consultant is a company or organization, then the name and title of a contact person must be provided.

Consultant/Firm Name _____

Mailing address _____

Contact person _____

Title _____

Telephone number(s) _____

Fax number _____ E-mail address _____

A-5. Permit Contact Information (if applicable). If someone other than the applicant listed in Item A-3 or a consultant listed in Item A-4 is a primary contact for this application and/or facility, list here.

Permit Contact Name APPLICANT _____

Title _____

Mailing address _____

Telephone number(s) _____

Fax number _____ E-mail address _____

A-6. Ownership.

The applicant owns (check as appropriate): the facility some discharge sites all discharge sites

If other parties own the facility or any of the discharge sites, attach their names and contact information.

A-7. Discharge Quantity.

Your Discharge Permit will specify a maximum discharge volume, which is typically expressed as the maximum number of gallons per day that may be treated and/or disposed of. Please indicate below the maximum discharge volume for your facility. You must show how it was determined in Part B of your application. For further explanation, see Supplemental Instructions for Part B.

Maximum discharge volume: 8000 gallons per day (or other units: _____)

A-8. Processing, Treatment, Storage and Disposal System. Briefly describe how wastewater, sludge, etc. is processed, treated, stored, and/or disposed of at your facility. See Supplemental Instructions for examples of system components.

Collection & Storage: Process water is collected from the kill floor and processing areas.

It is then drained to a synthetic lined primary holding pond(PWRS). From the PWRS the water is pumped to a synthetic lined evaporation pond. The live animal holding pens are covered concrete that periodically is cleaned by scraping manure solids and removing them to be composted and then washing the pens. This wash water is collected in a concrete tank and then drained to the PWRS.

Utilization: Process water is disposed by evaporation

A-9. Discharge Locations. List the locations of your facility and of all components of your processing, treatment, storage and/or disposal system. Examples of components include septic tanks, lagoons, leachfields, irrigation sites, mine stockpiles, etc. Additional examples are listed in the Supplemental Instructions. Latitude and longitude are optional unless township, range and section are not available.

Components	Township	Range	Section(s)	Latitude	Longitude
Processing Facility	11S	25E	17	33° 21'49.0"	104° 25'31.0"

A-10. Discharge Quality.

Indicate the expected quality of the discharge -- wastewater, leachate, sludge, etc. -- generated, stored, treated, processed and/or discharged at your facility. List the contaminants of concern and the expected concentrations. *Not all facilities need to characterize influent quality.* See Supplemental Instructions for typical contaminants and additional guidance.

Expected or Known Contaminants	Expected concentration range Indicate units: mg/L, CFU/100 ml, etc.	
	Incoming (Influent)	Final (Effluent)
TDS		
CL	No Recent Test Results	
TKN	Are Available	
NO3-N		

For new septic tank systems, you may either fill out the chart above or simply check one of the following options:

- typical domestic wastewater
- low-strength domestic wastewater (large gray water component; e.g., laundromat, spa, etc.)
- high-strength domestic wastewater (low water use; e.g., RV park, low-flow toilets at campground, etc.)

A-11. Ground Water Conditions.

All applicants must provide the depth to and pre-discharge TDS concentration of the ground water that could be affected by the discharge. Refer to Supplemental Instructions for details on how to obtain these values.

Indicate the depth to the most shallow ground water beneath the discharge site. If there are multiple discharge sites, indicate the range of depths.

Depth to water (feet): 10

Reference:

- Measurement, nearby monitoring well
- Measurement, nearby supply well
- Well log from nearby well (attach copy)
- Office of the State Engineer
<http://www.ose.state.nm.us/>
- Report or study (give citation here and attach relevant portion):

Other (describe):

Indicate the total dissolved solids (TDS) concentration of most shallow ground water beneath the discharge site. Attach copies of analyses.

TDS (mg/L): 3200

Reference:

- Analysis from up-gradient monitoring well
- Analysis from on-site supply well
- Analysis from shallow nearby supply well
- Concentration provided in previous Discharge Permit application
- Report or study (give citation here and attach relevant portion):
Analytical Report by Location
- Other (describe): A-11

A-12. Public Notice. See Supplemental Instructions.

a) The public notice packet including instructions and materials should be sent to:

X Applicant Consultant Other: _____

b) Copies of the public notice packet (excluding sign) should be sent to:

X Applicant Consultant Other: _____

c) The applicant is required to provide public notice of this application by placing a display ad in a newspaper of general circulation near the location of the proposed discharge. Indicate newspaper you intend to place the ad in:

Newspaper: ROSWELL DAILY RECORD

d) *For new or modification applications only:* The applicant must post a sign for 30 days in a conspicuous location at or near the facility, as approved by NMED. One sign must be posted for each 640 contiguous acres or less of the discharge site. An additional notice must be posted at an off-site location conspicuous to the public. Describe the locations below where you intend to post the notices. You may also attach sketches or photographs.

At or near facility: 3845 CEDARVALE ROAD ROSWELL, NM 88203
2 by 3 feet in size

Off-site location: ALDERMAN-CAVE FEEDS 905 WHITE MILL ROAD ROSWELL, NM 88203
flyer size

Supplemental Instructions for Part A
All Facilities

Please note: Discharge Permits are required for a wide range of facilities that process, treat, store and/or dispose of wastewater, sludge, septage, leachate, contaminated soils, mine tailings, industrial waste, mine ore, waste rock, or other similar materials. For the purposes of this application form, the term "discharge" applies to any of these materials whether they are actually discharged or whether they represent only a potential discharge that could occur due to factors such as poor maintenance, improper installation, equipment failure or accidents.

A-1. Facility Information.

The "facility" may be identified as:

- a) a treatment facility, such as a municipal wastewater treatment plant;
- b) the source of the discharge, such as a subdivision, dairy, or waste rock pile;
- c) a disposal facility or operation, such as for sludge or septage;
- d) the discharge location or recipient of reclaimed wastewater for reuse, such as a golf course or cement plant;
- e) a storage and/or processing facility with off-site disposal;

- f) a collection of facilities, such as numerous comfort stations at a state park; or
- g) a project or operation, such as a construction project or a system to distribute reclaimed wastewater throughout a city.

A-2. Type of Discharge and Type of Facility.

Characterize the type of discharge, wastewater, sludge, leachate, etc. generated, processed or received by your facility as domestic, agricultural, industrial or mining. Examples of a variety of facility types are categorized below.

**GROUND WATER DISCHARGE PERMIT APPLICATION
PART B: OPERATIONAL, MONITORING, CONTINGENCY AND CLOSURE PLANS
GENERAL FORM (VARIOUS FACILITY TYPES)**

Operational Plan [Section 20.6.2.3106.C, 3109.C NMAC]

B-1. Source(s) of the Discharge. Describe what generates the wastewater, sludge or other discharges processed and/or disposed of at your facility. Identify all sources. Attach additional pages, if needed. See Supplemental Instructions.

PROCESS WATER IS GENERATED IN THE KILL AND PROCESSING PLANT AND FROM CLEANING THE RECEIVING PENS

B-2. Discharge Quantity. Describe the methods/calculations used to determine the maximum discharge volume listed in Item A-6 in Part A of your application. Attach additional pages, if needed. See Supplemental Instructions.

8000 GALLONS PER DAY FROM A SLAUGHTER PLANT

VOLUME DETERMINED BY A METER INSTALLED ON THE DRAIN TO THE PRIMARY PWRS

B-3. Site Map. Attach a site map showing the components of your proposed system and relevant surrounding features, clearly labeled, such as:

- | | | |
|-----------------------------------|----------------------|---|
| • treatment units | • pits | • extraction/injection wells |
| • lagoons | • stockpiles | • arroyos |
| • tanks | • leachfields | • nearby water bodies such as ponds or canals |
| • sumps | • sludge drying beds | • property boundaries |
| • manure separators | • roads | • other permitted discharges |
| • land application fields | • buildings | • required setbacks |
| • domestic wastewater reuse areas | • supply wells | • north arrow |
| | • monitoring wells | |

If map is not to scale, mark distances on the map.

Site map is attached.

B-4. Flood Protection. Describe the methods used to prevent flooding and run-off at the facility (tank protection, berms, diversion channels, etc.)

TANK PROTECTION, BERMS, DIVERSION CHANNELS

B-5. Plans and Specifications. For new facilities and for new components of existing systems, attach plans and specifications certified by a New Mexico registered professional engineer. [Section 20.6.2.1202 NMAC]

- Not applicable because no new facilities are proposed.
- Plans and specifications are attached.
- Plans and specifications were previously submitted. Submittal date(s): _____

B-6. Description of Components. Provide descriptive details of all components of your processing, treatment, storage and/or disposal system. Include all components listed under Item A-8 in Part A.

Component	Description (construction material, liner type, irrigation method, capacity, dimensions, area, etc.)
Processing Plant	Concrete & steel construction with offices.
Receiving Pens	Open lots with cow shades bordered on one side by a feed lane.
Process Water Retention (PWRS)	Single cell Synthetic lined primary holding pond. Refer to Attachment B-3
Evaporation Pond	Single cell Synthetic lined evaporation pond. Refer to Attachment B-3

B-7. Operational Plan. Attach a detailed description of how you operate your processing, treatment, storage and/or disposal system.

Animal feeding operations: include stormwater management, nutrient management plans, method for mixing irrigation and wastewater.

Domestic wastewater treatment facilities: include pre-treatment, solids management, vegetation management for land application.

Facilities using reclaimed domestic wastewater above ground: include proposed water quality classification(s), effluent monitoring, setbacks, irrigation schedules, etc. that will result in protection of public health and the environment. Please refer to *NMED Ground Water Quality Bureau Guidance: Above-Ground Use of Reclaimed Domestic Wastewater* for further information. A copy of the guidance document is available on the NMED website www.nmenv.state.nm.us under "Ground Water Quality".

- Operational plan is attached. **Attachment B-6**
- Operational plan was previously submitted. Submittal date(s): _____

B-8. System Maintenance. Attach a description of the operations and maintenance procedures which ensure that your processing, treatment and disposal system functions properly; e.g., inspections, pumping schedules, equipment maintenance, etc.

- O & M procedures are attached. **Attachment B-7**
- O & M procedures were previously submitted. Submittal date(s): _____

B-9. Backflow Prevention. If wastewater is used for land application or irrigation, describe methods used to protect wells from contamination by wastewater backflow. For new facilities or new systems at an existing facility, only air gap or reduced pressure valve assemblies are acceptable methods.

a) Clearly describe and/or sketch the location of air gaps or devices and attach specifications.

Wellhead backflow protection is not needed at this facility. Process wastewater is contained and evaporated. There is no connection between wastewater and a ground water production source.

b) Describe how devices are maintained.

Does not apply

B-10. Water Rights. Animal feeding operations which land apply wastewater must attach documentation of irrigation water rights for the proposed land application fields, sufficient to sustain the intended crop rotation.

- Water right documentation is attached.
- Not applicable.

B-11. Past Ground Water Monitoring Results. *This item applies only to existing facilities seeking renewal and/or modification of a Discharge Permit that required ground water monitoring.*

- a) Attach a graph or a table showing all analytical results from ground water sampling at your facility. If preparing graphs, a separate graph should be developed for each constituent, except that nitrate and TKN may be shown on the same graph. Multiple wells may be shown on the same graph. See Supplemental Instructions for sample table and graph.
- b) If the monitoring results indicate that ground water standards have been violated or that there is an upward trend approaching standards, attach a description of what actions you have taken or will take to address the elevated concentrations. Ground water standards are listed in Section 20.6.2.3103 NMAC. See the Supplemental Instructions for frequently referenced standards.

Monitoring Plan [Section 20.6.2.3107.A NMAC]

B-12. Discharge Volumes. Describe how and where the monthly discharge volume at your facility will be. For all measuring devices, provide type, location, and units of measure including multipliers (e.g., gallons, gallons x 100, acre-ft, etc.) See Supplemental Instructions. Attach additional pages, if necessary.

Kill floor, processing area and receiving pens discharge to the PWRS and is measured by a total volume meter installed in the drain line near the discharge end of the pipeline. The meter readings are recorded monthly, in gallons. There are no discharges to land application. Direct meter readings are all that is proposed for reporting purposes.

B-13. Discharge Quality Monitoring. Discharge Permits typically require that the discharge (treated wastewater, sludge, septage, etc.) be sampled on a regular basis. The frequency of sampling varies by type of facility, as do the contaminants of concern. Domestic and agricultural Discharge Permits typically require sampling for total Kjeldahl nitrogen (TKN), nitrate-nitrogen (NO₃-N), total dissolved solids (TDS) and chloride on a quarterly or semi-annual basis. *(continued on next page)*

If reclaimed domestic wastewater will be discharged for above ground uses, testing of the discharge for additional parameters is appropriate. Please refer to the *NMED Ground Water Quality Bureau Guidance: Above-Ground Use of Reclaimed Domestic Wastewater* for further information.

In the space below, provide a description or sketch of the sampling point(s) to be used for sampling the discharge at your facility.

Process water primary holding pond effluent will be sampled from the surface of the pond. Refer to Attachment B-3

Optional: In the space below (or as an attachment), you may propose revisions or additions to the standard discharge quality monitoring requirements. If you do, provide the rationale for your proposal.

No additional proposal

B-14. Ground Water Quality Monitoring. Discharge Permits typically require that ground water samples be collected quarterly from properly constructed monitoring wells located downgradient from discharge locations. The samples must be analyzed for contaminants of concern. For most domestic and agricultural Discharge Permits, the typical contaminants of concern are total Kjeldahl nitrogen (TKN), nitrate-nitrogen (NO₃-N), total dissolved solids (TDS) and chloride.

Optional: In the space below (or as an attachment), you may propose revisions or additions to the standard ground water monitoring requirements. If you do, provide the rationale for your proposal.

No additional groundwater monitoring is needed.

For existing facilities:

Indicate number of existing monitoring wells: 4

Attach copies of monitoring well logs. NA

Well logs attached.

Well logs cannot be located.

Well logs previously submitted. Submittal date(s): Unknown

Attach copy of monitoring well survey (typically not applicable if fewer than 3 monitoring wells). NA

Survey attached.

No survey has been conducted. **Not Required**

Survey previously submitted. Submittal date(s): _____

B-15. Other Monitoring. In addition to discharge volumes, discharge quality monitoring and ground water sampling, Discharge Permits typically require the following monitoring, depending on the type of facility:

- inspection and pumping of septic tanks, grease tanks, lift stations
- inspection of leachfields
- inspection of lagoons
- process testing for treatment plants
- land application data sheets (LADS)
- tracking of chemical fertilizer applications to land application areas
- soil sampling (agricultural and selected other facilities land applying wastewater)
- harvested plant material testing (agricultural facilities)

Optional: In the space below (or as an attachment), you may propose revisions or additions to the other standard monitoring requirements for your type of facility. If you do, provide the rationale for your proposal.

Monitoring reports will be submitted annually

Contingency Plan [Section 20.6.2.3107.A.10 NMAC]

B-16. System Failure. Describe your contingency plan in the event there is a failure of your wastewater or discharge system (e.g., wastewater back-up, pump failure, pipe breaks, tank overflow, leachfield failure, saturated fields etc.)

This is a basic gravity drain discharge system. A total system failure is not likely. Drain clearing services are available locally. There is a pump to transfer wastewater from the PWRS to the evaporation pond. To the extent reasonable, repair parts and replacement units will be kept on-site to restore malfunctioning wastewater components.

B-17. Contingency Leachfield Location. *This item applies only if your disposal system includes a leachfield.* Identify a location on your site map (Item B-3) for a contingency leachfield in the event that your leachfield must be replaced. If no land is available for a contingency leachfield at an existing facility, describe how you will address a failed leachfield. New facilities must provide for a contingency leachfield location.

NA

B-18. Other Contingencies. Discharge Permits typically contain standard contingencies to address:

- exceeding wastewater quality limits
- violation of ground water or surface water standards
- spills or illegal releases of wastewater
- migration of soil nitrogen
- loading nitrogen above limit

Propose additional contingency plans, if appropriate:

No additional proposals

Closure Plan [Section 20.6.2.3107(A)11 NMAC]

B-18. Facility Closure and Post-Closure Monitoring. Discharge Permits contain standard requirements to address the closure of part or all of your discharge system, as follows:

- cap or plug lines to prevent the flow of wastewater to treatment or disposal system
- empty and remove or backfill tanks
- empty lagoons, perforate or remove liners, re-grade to surface topography
- appropriately dispose of solids
- re-grade and cover stockpiles at mine facilities
- continue ground water monitoring for at least two years, longer as appropriate
- enact contingency plans if ground water standards are violated
- financial assurance may be required.

Propose additional closure plans in the space below or as an attachment, if appropriate:

No additional proposals

Please Note: You must also complete Part C of the application.

GROUND WATER DISCHARGE PERMIT APPLICATION
PART C: SITE INFORMATION
All Facilities

- C-1. **Area Map.** Attach a current area map showing roads and clearly mark the location of your facility.
- C-2. **Directions to Site.** Provide driving directions to the site from the nearest town or, if located in a town, from an easily identifiable location.

From Roswell go east on State Hwy 380 to Seminole Road, turn right and go to the first stop sign, turn left and go to 3845 Cedarvale Road. The site is approximately 12 miles east of Roswell.

- C-3. **Topographic Map.** Attach a copy of the appropriate US Geological Survey topographic map. You may provide just the relevant portion. USGS maps are available at many outdoor equipment stores or bookstores, from the USGS at www.usgs.gov or 1-888-ASKUSGS, and from commercial websites.
On the map clearly indicate the location of your facility. Also identify the approximate locations of all wells within 1,000 feet of your discharge locations. The Office of the State Engineer has a searchable database of supply wells on its website at www.ose.state.nm.us.

USGS map attached with facility location and neighboring wells marked.
Attachment C-3

- C-4. **Flood Potential.** Attach a copy of the latest Federal Emergency Management Agency (FEMA) flood map with your facility's location clearly marked, to the best of your ability. Information about how to obtain this map, formally known as a Flood Insurance Rate Map (FIRM) is available at www.fema.gov, insurance agencies or county government offices. A site specific analysis may be substituted.

FEMA map or site-specific analysis attached. **C-4**
Previously submitted and still up-to-date. Submittal date(s): _____

- C-5. **Soils.** Attach either:
 - a) A copy of the appropriate Natural Resource Conservation Service (NRCS) soil survey map, with your site clearly identified to the best of your ability. Include the descriptive information for soils associated with the discharge locations. To obtain the map, contact your local NRCS office – there is one in every county.
 - b) A site-specific assessment showing the soils classifications. This is preferred over the more generalized NRCS surveys.

NRCS soil survey or site-specific assessment attached. **C-5**
Previously submitted. Submittal date(s): _____

- C-6. **Geology.** Provide information on the geology beneath the site by attaching relevant portions of geologic reports, well logs for on-site or nearby wells, or site specific assessments. A variety of geology publications and resources are available from the New Mexico Bureau of Geology and Mineral Resources at <http://geoinfo.nmt.edu> or 505-835-5420 (Socorro). Well logs are available from the New Mexico State Engineer's Office at <http://www.ose.state.nm.us/>.

Geologic report attached. Well log(s) attached. **C-6-7**
Geologic information previously submitted. Submittal date(s): _____

C-7. Ground Water Hydrology. Ground water hydrology refers to the occurrence, distribution, movement and chemistry of ground water. The ground water hydrology at your site will determine in large part whether your discharge will adversely affect ground water quality. You may need to present detailed information in order to "demonstrate that the Discharge Permit will not result in concentrations in excess of the standards of Section 20.6.2.3103 NMAC or the presence of any toxic pollutant." (20.2.3106.C.7 NMAC)

At a minimum, provide information below on the direction of ground water flow. Ground water may not flow in the same direction as water on the surface of the ground. A monitoring well survey is one of the best methods to determine the direction of ground water flow at a particular site. Such surveys are routinely required for many Discharge Permit locations.

If a survey is not available, check with well drillers, the city water department, staff at the Office of the State Engineer, environmental consultants or other knowledgeable persons in your area. In addition, relevant reports have been published for some areas. See the OSE website at www.ose.state.nm.us or the NMBGMR website at <http://geoinfo.nmt.edu>.

Direction of ground water flow: Southeast

If ground water flow shifts seasonally, describe here: Unknown

Reference:

On-site well survey attached. Previously submitted. Submittal date(s): _____

Nearby well survey attached. Previously submitted. Submittal date(s): _____

Other. Specify: Location reports C.6-7

Relevant portion attached.
Previously submitted. Submittal date(s): _____

Attach any additional information available about ground water hydrology at the site.

C-8. Other Permitted Discharge Locations. If applicable, list other locations of wastewater or stormwater discharges on your site that are not described in this application and indicate what permits apply to them. Examples include discharges from small septic systems (covered by Liquid Waste Permits, discharges to surface waters under a NPDES permit, a discharge covered by a separate Discharge Permit, etc. Be sure these other discharge locations are identified on the site map required in Item B-3.

Discharge Type	Permit Identification

C-9. Other Information. Describe below or attach any additional information to demonstrate that your proposed discharge plan will be protective of ground water quality, public health and property.

NA
