State of North Carolina
Department of Environment and Natural Resources
Division of Water Resources

Animal Feeding Operations Permit Application Form

(THIS FORM MAY BE PHOTOCOPIED FOR USE AS AN ORIGINAL)

Distribution of Animal Waste Residual Solids

This application is intended for facilities which distribute materials which have been processed with animal waste solids with ***no*** domestic sewage contribution.

1. GENERAL INFORMATION

1.1 Application date: _____

1.2 Applicant's name (please specify the name of the corporation, individual, etc.):_____

1.3 Print owner's or signing official's name and title (the person legally responsible for the facility and its compliance): _____

1.4 Mailing address: _____

City: _____ State: _____ Zip: _____

Telephone number: (_____) _____ Fax: (_____) _____

E-mail: _____

1.5 Fee submitted: $ _____ [The permit processing fee should be as specified in 15A NCAC 2H .0205(c)(5).]

1.6 Specify the process facility's owner classification: ☐ private ☐ federal ☐ state ☐ local government

1.7 Specify the source of the animal waste product: ☐ poultry ☐ swine ☐ cattle ☐ other (explain) _____

1.8 Specify how these residuals will be distributed: ☐ sold or given away in bags or other containers ☐ lawn (bulk) ☐ home garden (bulk) ☐ other (explain) _____

1.9 Estimated volume of waste product to be processed annually: _____ dry tons/year

1.10 Physical address of animal waste **generating** facility: _____

City: _____ State: _____ Zip: _____

1.11 Physical address of animal waste **process** facility: _____

City: _____ State: _____ Zip: _____

1.12 County where animal waste process facility is located (if in North Carolina): _____

1.13 Latitude: _____ Longitude: _____ of animal waste process facility

1.14 Are new facilities to be constructed in North Carolina? ☐ yes ☐ no If "yes", please include three (3) sets of plans and specifications with the application for approval.

2. PERMIT INFORMATION

2.1 Application No. (to be completed by DWR): _____

2.2 Specify the application type: ☐ new ☐ renewal ☐ modification renewal ☐ with modification

For renewals, complete all sections included in the application. The engineering signature and seal are not required for renewals, or if there is not any construction involved with the subject project.

2.3 If this application is being submitted as a renewal or modification of an existing permit, list the existing permit number:

_____ and its issue date: _____

3. CHEMICAL POLLUTANT INFORMATION

3.1 Please complete a chemical analysis of each residual material. Each analysis must include the parameters listed in the table below as well as any other known or suspected contaminants that are tributary to the system. Wastewater residuals cannot be sold or given away if the concentration of any pollutant in the residuals exceeds any of the Ceiling Concentrations ***or*** the Monthly Average Concentrations specified in the table below on a dry-weight basis (mg/kg). Fill out the pollutant concentrations of the residuals in the table below (attach all lab analyses):

Pollutant	Pollutant Ceiling Concentration dry weight (mg/kg)	Pollutant Concentration dry weight (mg/kg)	Monthly Average Concentration dry weight (mg/kg)
Arsenic	75	_____	41
Cadmium	85	_____	39
Copper	4300	_____	1500
Lead	840	_____	300
Mercury	57	_____	17
Molybdenum	75	_____	----
Nickel	420	_____	420
Selenium	100	_____	36
Zinc	7500	_____	2800

3.2 Were any pilot or bench-scale studies performed on the residual material? ☐ yes ☐ no If "yes", please provide the results of those studies, including the approximate fertilizer equivalent of the material.

4. PATHOGEN REDUCTION INFORMATION

In accordance with 15A NCAC 2H .0200, pathogen reduction can be achieved using either 40 CFR Part 257 or 40 CFR Part 503. **Either Part A *or* Part B and one of the options in Part C must be completed** (please submit all lab analyses, test results, and calculations). Please check which of the following applies to the subject residual:

Part A ☐ A fecal coliform density less than 1000 Most Probable Number per gram of total dry solids

Part B ☐ A *Salmonella* sp. density less than 3 Most Probable Number per 4 grams of total dry solids

Part C ☐ Alkaline treatment – the pH of the residuals is raised to greater than 12 for at least 72 hours. During this time, the temperature of the residuals should be greater than 52° C for at least 12 hours. In addition, after the 72-hour period, the residuals shall; be air-dried to greater than 50% total solids.

☐ Composting – using either the within-vessel or static aerated pile composting methods, the temperature of the residuals are raised to 55° C or higher for three days. Using the windrow composting method, the residuals are raised to 55° C or higher for fifteen days. During the high temperature period, there will be a minimum of five turnings of the windrow.

☐ Heat Drying – residuals are dried by direct or indirect contact with hot gases to reduce the moisture content of the residuals to 10% or lower. Either the temperature of the gas in contact with the residuals exceeds 80° C or the wet bulb temperature of the gas in contact with the residuals, when the residuals leave the dryer, exceeds 80° C.

☐ Heat Treatment – liquid residuals are heated to a temperature of 180° C or higher for thirty minutes.

☐ Pasteurization – the temperature of the residuals is maintained at 70° C or higher for at least thirty minutes.

5. PROCESS INFORMATION

5.1 Please provide a brief narrative concerning materials handling, including the following:

a. How will the waste product be handled and transported from where they are produced to where they will be treated? _____

b. Where will the residuals be stored until processing? _____

c. What will be the duration of treatment of the animal waste product? _____

d. Where will the final product be stored? _____

e. How will leachate collection from the raw product storage, treatment facility, and finished product storage be handled? _____

f. How long will the final product be stored before being distributed? _____

g. How will the final product be distributed (packaging), if applicable? _____

5.2 Please attach a marketability statement detailing destinations and approximate amounts of the final product to be distributed.

5.3 Please provide either a **label**, which shall be affixed to the bagged processed residual, or an **information sheet**, which shall be provided to the person who receives the processed residual. The label or information sheet shall contain, at a minimum, the following information:

a. The name and address of the person who prepared the residual that is sold or given away in a bag or other container for application to the land.

b. A statement that application of the residual to the land is prohibited except in accordance with the instructions on the label or information sheet.

c. A statement that the residuals shall not be applied to any site that is flooded, frozen, or snow-covered.

d. A statement that adequate procedures shall be provided to prevent surface runoff from carrying any disposed or stored residuals into any surface waters.

e. A statement which identifies that this material shall be prevented from entering any public or private water supply source (including wells) and any stream, lake, or river.

6. PROFFESSIONAL ENGINEER'S CERTIFICATION

NOTE: Engineer's Certification is required only for construction of new treatment and/or storage facilities to be located in North Carolina.

Name of engineering firm: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Fax: (_____) _____

E-mail: _____

I, _____ , attest that this application for _____

has been reviewed by me and is accurate and complete to the best of my knowledge. I further attest that, to the best of my knowledge, the proposed design has been prepared in accordance with the applicable regulations. Although certain portions of this submittal package may have been developed by other professionals, inclusion of these materials under my signature and seal signifies that I have reviewed the material and have judged it to be consistent with the approved design.

North Carolina Professional Engineer's seal, signature, and date:

7. APPLICANT'S CERTIFICATION (include a designation letter if signing for the Permittee)

I, _____ , attest that this application for _____

has been reviewed by me and is accurate and complete to the best of my knowledge. I understand that if all required parts of this application are not completed and that, if all required supporting information and attachments are not included, this application package will be returned to me as incomplete.

Signature: _____ Date: _____

PLEASE SUBMIT THREE (3) COPIES OF THE COMPLETED APPLICATION PACKAGE, ALL SUPPORTING INFORMATION AND MATERIALS, AND ANY PLANS AND SPECIFICATIONS TO THE FOLLOWING ADDRESS:

NORTH CAROLINA DIVISION OF WATER RESOURCES
AQUIFER PROTECTION SECTION
ANIMAL FEEDING OPERATIONS PERMITTING & COMPLIANCE UNIT
1636 MAIL SERVICE CENTER
RALEIGH, NORTH CAROLINA 27699-1636
TELEPHONE NUMBER: (919) 807-6464
FAX NUMBER: (919) 807-6496

DIVISION OF WATER RESOURCES REGIONAL OFFICES (9/05)

Asheville Regional AP Supervisor
2090 U.S. Highway 70
Swannanoa, NC 28778
(828) 296-4500
Fax (828) 299-7043

Avery
Buncombe
Burke
Caldwell
Cherokee
Clay
Graham
Haywood
Henderson
Jackson
Macon
Madison
McDowell
Mitchell
Polk
Rutherford
Swain
Transylvania
Yancey

Washington Regional AP Supervisor
943 Washington Square Mall
Washington, NC 27889
(252) 946-6481
Fax (252) 946-9215

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Bertie
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Perquimans
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Raleigh Regional AP Supervisor
1628 Mail Service Center
Raleigh, NC 27699-1628
(919) 791-4200
Fax (919) 571-4718

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Durham
Edgecombe
Franklin
Granville
Halifax
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Lee
Nash
Northampton
Orange
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Vance
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Fayetteville Regional AP Supervisor
225 Green Street, Suite 714
Fayetteville, NC 28301-5094
(910) 433-4300
Fax (910) 486-0707

Anson
Bladen
Cumberland
Harnett
Hoke
Montgomery
Moore
Richmond
Robeson
Sampson
Scotland

Mooresville Regional AP Supervisor
610 East Center Avenue
Mooresville, NC 28115
(704) 663-1699
Fax (704) 663-6040

Alexander
Cabarrus
Catawba
Cleveland
Gaston
Iredell
Lincoln
Mecklenburg
Rowan
Stanly
Union

Wilmington Region AP Supervisor
127 Cardinal Drive Extension
Wilmington, NC 28405-3845
(910) 796-7215
Fax (910) 350-2004

Brunswick
Carteret
Columbus
Duplin
New Hanover
Onslow
Pender

Winston-Salem Regional AP Supervisor
585 Waughtown Street
Winston-Salem, NC 27107
(336) 771-5000
Fax (336) 771-4630

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