State of North Carolina
Department of Environmental Quality
Division of Water Resources

Animal Feeding Operations Permit Application Form

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

New or Expanding Swine Animal Waste Management System Permit

1. GENERAL INFORMATION:

1.1 Facility name: _____

1.2 Print Land Owner's name: _____

1.3 Mailing address: _____

City, State: _____ Zip: _____

Telephone (include area code): (_____) _____ - _____ Fax: (____) _____- _____Email: _____

1.4 Physical address: _____

City, State: _____ Zip: _____

Telephone number (include area code): (_____) _____ - _____

1.5 County where facility is located: _____

1.6 Facility location (directions from nearest major highway, using SR numbers for state roads): _____

_____

1.7 Farm Manager's name (if different from Land Owner): _____

1.8 Lessee's / Integrator's name (if applicable; circle which type is listed): _____

1.9 Facility's original start-up date: _____ Date(s) of facility expansion(s) (if applicable): _____

2. OPERATION INFORMATION:

2.1 Facility number: _____

2.2 Operation Description:

Please enter the Design Capacity of the system. The "No. of Animals" should be the maximum number for which the current swine waste management system is permitted.

Type of Swine	No. of Animals
☐ Wean to Feeder	_____
☐ Feeder to Finish	_____
☐ Farrow to Wean (# sow)	_____
☐ Farrow to Feeder (# sow)	_____
☐ Farrow to Finish (# sow)	_____
☐ Wean to Finish (# sow)	_____
☐ Gilts	_____
☐ Boar/Stud	_____

☐ Other Type of Livestock on the farm: _____ No. of Animals: _____

2.3 Acreage cleared and available for application (excluding all required buffers and areas not covered by the application system): _____ Required Acreage (as listed in the CAWMP): _____

2.4 Number of Earthen Structures: _____ Total Capacity (cubic feet): _____ Required Capacity (cubic feet): _____

Number of Storage Structures: _____ Total Capacity (cubic feet): _____ Required Capacity (cubic feet): _____

Number of Treatment Structure: _____ Total Capacity (cubic feet): _____ Required Capacity (cubic feet): _____

2.5 Are subsurface drains present within 100' of any of the application fields? **YES** or **NO** (circle one)

2.6 Are subsurface drains present in the vicinity or under the waste management system? **YES** or **NO** (circle one)

2.7 Does this facility meet all applicable siting requirements? **YES** or **NO** (circle one)

3. REQUIRED ITEMS CHECKLIST:

Please indicate that you have included the following required items by signing your initials in the space provided next to each item.

Applicants Initials

3.1 One completed and signed original and two copies of the application for Innovative Animal Waste Management System Application Form. _____

3.2 Three copies of a general location map indicating the location of the animal waste facilities and field locations where animal waste is land applied and a county road map with the location of the facility indicated. _____

3.3 Documentation that proposed swine facilities meet the Swine Farm Siting Act, including a site map prepared by a Registered Land Surveyor. The scale of this map shall not exceed 1 inch = 400 feet. At a minimum, the site map shall show the distance from the proposed houses and lagoons to occupied residences within 1500 feet, schools, hospitals, churches, outdoor recreational facilities, national parks, state parks, historic properties, or child care centers within 2500 feet, property boundaries within 500 feet, water supply wells within 500 feet. The map shall also show the location of any property boundaries and perennial streams or rivers located within 75 feet of waste application areas. _____

3.4 Documentation showing that all adjoining property owners, all property owners who own property located across a public road, street, or highway from the facility, the local health department, and the county manager or chair of the county board of commissioners if there is no county manager, have been notified by certified mail of your intent to construct or expand a swine farm at this location.

3.5 Three copies of the entire Certified Animal Waste Management Plan (CAWMP), including the PLAT evaluation. If the facility does not have a CAWMP, it must be completed prior to submittal of a permit application for animal waste operations. _____

3.6 Three copies of a detailed narrative, calculations and any relevant data for the Animal Waste Management System. The narrative and calculations must show how the waste management system will meet the following performance standards:

3.6.1 Eliminate the discharge of animal waste to surface waters and groundwater through direct discharge, seepage, or runoff. _____
- Storage time of waste prior to treatment
- Hydraulic conductivity (cm/sec) of any earthen treatment structures

3.6.2 Substantially eliminate the atmospheric emission of ammonia. The system must reduce emissions from the waste treatment and spray field by 80%. The system must also focus on reduction of emissions from the barns. _____
- % reduction of ammonia emissions from waste treatment structures
- % reduction of ammonia emissions from land application

- % reduction of ammonia emissions from barns

3.6.3 Substantially eliminate the emission of odor that is detectable at the property boundary, as defined by 15A NCAC 02D .1808. _____

3.6.4 Vectors and pathogens: Submit information documenting the reduction in fecal coliform _____

3.6.5 Heavy metal and nutrients _____
- Nitrogen mass to be land applied on site (kg N/1000 kg SSLW)
- Phosphorus mass to be land applied on site (kg N/1000 kg SSLW)
- Copper mass to be land applied on site (kg N/1000 kg SSLW)
- Zinc mass to be land applied on site (kg N/1000 kg SSLW)

3.7 Three copies of all engineering documents, including, but not limited to, calculations, equipment specifications, plan and profile drawings to scale, construction materials, supporting equations or justifications _____

3.8 The CAWMP **must** include the following components. *Some of these components may not have been required at the time the facility was certified but should be added to the CAWMP for permitting purposes*:

3.8.1 NRCS Site Evaluation Form NC-CPA-17 or equivalent
3.8.2 A hazard classification of the proposed lagoons, if required
3.8.3 A wetlands determination
3.8.4 The lagoon/storage facility design
3.8.5 Proposed runoff control measures, if required
3.8.6 Irrigation or other land application method design
3.8.7 The Waste Utilization Plan (WUP) must include the amount of Plant Available Nitrogen (PAN) produced and utilized by the facility
3.8.8 The soil series present on every waste disposal field
3.8.9 The crops grown on every waste disposal field
3.8.10 The Realistic Yield Expectation (RYE) for every crop shown in the WUP
3.8.11 The PAN applied to every waste disposal field
3.8.12 The waste application windows for every crop utilized in the WUP
3.8.13 The required NRCS Standard specifications
3.8.14 Emergency Action Plan
3.8.15 Insect Control Checklist with options noted
3.8.16 Odor Control Checklist with options noted
3.8.17 Mortality Control Checklist with options noted
3.8.18 A map showing the topography of the proposed facility location showing features that affect facility design, the dimensions and elevations of any existing facilities, the fields used for waste application, and areas where surface runoff is to be controlled

If your CAWMP includes any components not shown on this list, please include the additional components with your submittal. (Composting, waste transfers, etc.)

4. APPLICANT'S CERTIFICATION:

I, _____ (Land Owner's name listed in question 1.2), attest that this application for _____(Facility name listed in question 1.1) 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 _____

5. MANAGER'S CERTIFICATION: (complete only if different from the Land Owner)

I, _____ (Manager's name listed in question 1.7), attest that this application for _____ _____(Facility name listed in question 1.1) 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 as incomplete.

Signature _____ Date _____

THE COMPLETED APPLICATION PACKAGE, INCLUDING ALL SUPPORTING INFORMATION AND MATERIALS, SHOULD BE SENT TO THE FOLLOWING ADDRESS:

NORTH CAROLINA DIVISION OF WATER RESOURCES
WATER QUALITY REGIONAL OPERATIONS SECTION
ANIMAL FEEDING OPERATIONS PROGRAM
1636 MAIL SERVICE CENTER
RALEIGH, NORTH CAROLINA 27699-1636
TELEPHONE NUMBER: (919) 807-6464
FAX NUMBER: (919) 807-6496

6. SURFACE WATER CLASSIFICATION:

This form must be completed by the appropriate DWR regional office and included as a part of the project submittal information.

INSTRUCTIONS TO NC PROFESSIONALS:

The classification of the downslope surface waters (the surface waters that any overflow from the facility would flow toward) in which this animal waste management system will be operated must be determined by the appropriate DWR regional office. Therefore, you are required, **prior to submittal of the application package,** to submit this form, with items 1 through 6 completed, to the appropriate Division of Water Resources, Water Quality Regional Operations Supervisor (see page 5 of 5). At a minimum, you must include an 8.5" by 11" copy of the portion of a 7.5 minute USGS Topographic Map which shows the location of this animal waste application system and the downslope surface waters in which they will be located. Identify the closest downslope surface waters on the attached map copy. **Once the regional office has completed the classification, reincorporate this completed page and the topographic map into the complete application form and submit the application package.**

6.1 Farm Name: _____

6.2 Name & complete address of engineering firm: _____

Telephone : (_____) _____ - Fax: (_____) _____-_____ Email: _____

6.3 Name of closest downslope surface waters: _____

6.4 County(ies) where the animal waste management system and surface waters are located_____

6.5 Map name and date: _____

6.6 NC Professional's Seal (If appropriate), Signature, and Date:

TO: REGIONAL AQUIFER PROTECTION SUPERVISOR

Please provide me with the classification of the watershed where this animal waste management facility will be or has been constructed or field located, as identified on the attached map segment(s):

Name of surface waters:_____

Classification (as established by the Environmental Management Commission):_____

Proposed classification, if applicable: _____

Signature of regional office personnel: _____ Date:_____

(All attachments must be signed)

DIVISION OF WATER RESOURCES REGIONAL OFFICES (06/2008)

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

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

Washington Regional WQROS Supervisor
943 Washington Square Mall
Washington, NC 27889
(252) 946-6481
Fax (252) 975-3716

Beaufort	Jones
Bertie	Lenoir
Camden	Martin
Chowan	Pamlico
Craven	Pasquotank
Currituck	Perquimans
Dare	Pitt
Gates	Tyrell
Greene	Washington
Hertford	Wayne
Hyde	

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

Chatham	Nash
Durham	Northampton
Edgecombe	Orange
Franklin	Person
Granville	Vance
Halifax	Wake
Johnston	Warren
Lee	Wilson

Fayetteville Regional WQROS Supervisor
225 Green Street, Suite 714
Fayetteville, NC 28301-5094
(910) 433-3300
Fax (910) 486-0707

Anson	Moore
Bladen	Richmond
Cumberland	Robeson
Harnett	Sampson
Hoke	Scotland
Montgomery	

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

Alexander	Lincoln
Cabarrus	Mecklenburg
Catawba	Rowan
Cleveland	Stanly
Gaston	Union
Iredell	

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

Brunswick	New Hanover
Carteret	Onslow
Columbus	Pender
Duplin	

Winston-Salem Regional WQROS Supervisor
450 Hanes Mill Road, Suite 300
Winston-Salem, NC 27105
Phone (336) 776-9800
Fax (336) 776-9797

Alamance	Rockingham
Alleghany	Randolph
Ashe	Stokes
Caswell	Surry
Davidson	Watauga
Davie	Wilkes
Forsyth	Yadkin
Guilford	