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)

NPDES General Permit - Existing Animal Waste Operations

1. GENERAL INFORMATION:

1.1 Facility name: _____

1.2 Print Land Owner's name: _____

1.3 Mailing address: _____

City, State: _____ Zip: _____

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

1.4 Physical address: _____

City, State: _____ Zip: _____

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

1.5 County where facility is located: _____

1.6 Owner's email address: _____

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

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

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

1.10 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 waste management structures were designed.

Type of Swine	No. of Animals	Type of Poultry	No. of Animals	Type of Cattle	No. of Animals
☐ Wean to Feeder	_____	☐ Layer	_____	☐ Beef Brood Cow	_____
☐ Feeder to Finish	_____	☐ Non-Layer	_____	☐ Beef Feeder	_____
☐ Farrow to Wean (# sow)	_____	☐ Turkey	_____	☐ Beef Stocker Calf	_____
☐ Farrow to Feeder (# sow)	_____	☐ Turkey Poults	_____	☐ Dairy Calf	_____
☐ Farrow to Finish (# sow)	_____			☐ Dairy Heifer	_____
☐ Wean to Finish (# sow)	_____			☐ Dry Cow	_____
☐ Gilts	_____			☐ Milk Cow	_____
☐ 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 lagoons: _____ Total Capacity (cubic feet): _____ Required Capacity (cubic feet): _____

Number of Storage Ponds: _____ 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 one copy of the application for NPDES General Permit - Animal Waste Operations;	_____
3.2 Two 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 Two copies of the entire Certified Animal Waste Management Plan (CAWMP). If the facility does not have a CAWMP, it must be completed prior to submittal of a permit application for animal waste operations.	_____

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

3.3.1 The Waste Utilization Plan (WUP) must include the amount of Plant Available Nitrogen (PAN) and Phosphorus produced and utilized by the facility
3.3.2 The method by which waste is applied to the disposal fields (e.g. irrigation, injection, etc.)
3.3.3 A map of every field used for land application, with setbacks to surface waters or any conduits to surface waters (including field ditches), with the exception of grassed waterways that are designed and maintained according to NRCS standards.
3.3.4 The soil series present on every land application field
3.3.5 The crops grown on every land application field
3.3.6 The Realistic Yield Expectation (RYE) for every crop shown in the WUP
3.3.7 The PAN and Phosphorus applied to every land application field
3.3.8 The waste application windows for every crop utilized in the WUP
3.3.9 The required NRCS Standard specifications
3.3.10 A site schematic
3.3.11 Emergency Action Plan
3.3.12 Insect Control Checklist with chosen best management practices noted
3.3.13 Odor Control Checklist with chosen best management practices noted
3.3.14 Mortality Control Checklist with the selected method noted
3.3.15 Lagoon/storage pond capacity documentation (design, calculations, etc.); please be sure to include any site evaluations, wetland determinations, or hazard classifications that may be applicable to your facility
3.3.16 Operation and Maintenance Plan
3.3.17 Phosphorus Loss Assessment Tool (PLAT) Results, including the data sheets for each field.

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 1.6), 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

DIVISION OF WATER RESOURCES REGIONAL OFFICES (9/05)

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

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

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

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

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

Anson
Bladen
Cumberland
Harnett
Hoke
Montgomery
Moore
Richmond
Robeson
Sampson
Scotland

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

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