**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. 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:**

* 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):

* 1. 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)

* 1. 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 New or Expanding Swine 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.

* 1. 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. See 15A NCAC 02T .1307(b)(1)

* + 1. Substantially eliminate the atmospheric emission of ammonia. The system must meet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

emissions limits established in 15A NCAC 02T .1307(b)(2).

* + 1. Substantially eliminate the emission of odor that is detectable beyond the property \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

boundary, as defined by 15A NCAC 02D .1808.

* + 1. Vectors and pathogens: The system design must satisfy 15A NCAC 02T .1307(b)(4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    2. Heavy metal and nutrients: The system design must satisfy 15A NCAC 02T .1307(2)(5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*:

* + 1. NRCS Site Evaluation Form NC-CPA-17 or equivalent

3.8.2 A hazard classification of the proposed lagoons, if required

* + 1. A wetlands determination
    2. The lagoon/storage facility design
    3. Proposed runoff control measures, if required
    4. Irrigation or other land application method design
    5. The Waste Utilization Plan (WUP) must include the amount of Plant Available Nitrogen (PAN) produced and utilized by the facility
    6. The soil series present on every waste disposal field
    7. The crops grown on every waste disposal field
    8. The Realistic Yield Expectation (RYE) for every crop shown in the WUP
    9. The PAN applied to every waste disposal field
    10. The waste application windows for every crop utilized in the WUP
    11. The required NRCS Standard specifications
    12. Emergency Action Plan
    13. Insect Control Checklist with options noted
    14. Odor Control Checklist with options noted
    15. Mortality Control Checklist with options noted
    16. 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 DWQ 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 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 OPERATIONS 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 (09/2016)**

Asheville Regional Supervisor Washington Regional Supervisor Raleigh Regional Supervisor

2090 U.S. Highway 70 943 Washington Square Mall 1628 Mail Service Center

Swannanoa, NC 28778 Washington, NC 27889 Raleigh, NC 27699-1628

(828) 296-4500 (252) 946-6481 (919) 791-4200

Fax (828) 299-7043 Fax (252) 975-3716 Fax (919) 571-4718

Avery Macon Beaufort Jones Chatham Nash

Buncombe Madison Bertie Lenoir Durham Northampton

Burke McDowell Camden Martin Edgecombe Orange

Caldwell Mitchell Chowan Pamlico Franklin Person

Cherokee Polk Craven Pasquotank Granville Vance

Clay Rutherford Currituck Perquimans Halifax Wake

Graham Swain Dare Pitt Johnston Warren

Haywood Transylvania Gates Tyrell Lee Wilson

Henderson Yancey Greene Washington

Jackson Hertford Wayne

Hyde

Fayetteville Regional Supervisor Mooresville Regional Supervisor Wilmington Region Supervisor

225 Green Street, Suite 714 610 East Center Avenue, Suite 301 127 Cardinal Drive Extension

Fayetteville, NC 28301-5094 Mooresville, NC 28115 Wilmington, NC 28405-3845

(910) 433-3300 (704) 663-1699 (910) 796-7215

Fax (910) 486-0707 Fax (704) 663-6040 Fax (910) 350-2004

Anson Moore Alexander Lincoln Brunswick New Hanover

Bladen Richmond Cabarrus Mecklenburg Carteret Onslow

Cumberland Robeson Catawba Rowan Columbus Pender

Harnett Sampson Cleveland Stanly Duplin

Hoke Scotland Gaston Union

Montgomery Iredell

Winston-Salem Regional Supervisor

450 Hanes Mill Road, Suite 300

Winston-Salem, NC 27105

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Fax (336) 776-9797

Alamance Rockingham

Alleghany Randolph

Ashe Stokes

Caswell Surry

Davidson Watauga

Davie Wilkes

Forsyth Yadkin

Guilford