

**Notification of Change of Ownership
Animal Waste Management Facility**

(Please type or print all information that does not require a signature)

In accordance with the requirements of 15A NCAC 2T .1304(c) and 15A NCAC 2T .1305(d) this form is official notification to the Division of Water Resources (DWR) of the transfer of ownership of an Animal Waste Management Facility. This form must be submitted to DWR no later than **60 days** following the transfer of ownership.

General Information:

Previous Name of Farm: _____ Facility No: _____ - _____

Previous Owner(s) Name: _____ Phone No: _____

New Owner(s) Name: _____ Phone No: _____

New Farm Name (if applicable): _____

Mailing Address: _____

Farm Location: Latitude and Longitude: _____ / _____ County: _____

Please attach a copy of a county road map with location identified, and provide the location address and driving directions below (Be specific: road names, directions, milepost, etc.): _____

Operation Description:

<i>Type of Swine</i>	<i>No. of Animals</i>	<i>Type of Swine</i>	<i>No. of Animals</i>	<i>Type of Cattle</i>	<i>No. of Animals</i>
<input type="checkbox"/> Wean to Feeder	_____	<input type="checkbox"/> Gilts	_____	<input type="checkbox"/> Dairy	_____
<input type="checkbox"/> Wean to Finish	_____	<input type="checkbox"/> Boars	_____	<input type="checkbox"/> Beef	_____
<input type="checkbox"/> Feeder to Finish	_____				
<input type="checkbox"/> Farrow to Wean	_____			<i>Type of Poultry</i>	<i>No. of Animals</i>
<input type="checkbox"/> Farrow to Feeder	_____			<input type="checkbox"/> Layer	_____
<input type="checkbox"/> Farrow to Finish	_____			<input type="checkbox"/> Pullets	_____

Other Type of Livestock: _____ Number of Animals: _____

Acreage Available for Application: _____ Required Acreage: _____

Number of Lagoons / Storage Ponds: _____ Total Capacity: _____ Cubic Feet (ft³)

Owner / Manager Agreement

I (we) verify that all the above information is correct and will be updated upon changing. I (we) understand the operation and maintenance procedures established in the Certified Animal Waste Management Plan (CAWMP) for the farm named above and will implement these procedures. I (we) know that any modification or expansion to the existing design capacity of the waste treatment and storage system or construction of new facilities will require a permit modification before the new animals are stocked. I (we) understand that there must be no discharge of animal waste from the storage or application system to surface waters of the state either directly through a man-made conveyance or from a storm event less severe than the 25-year, 24-hour storm and there must not be run-off from the application of animal waste. I (we) understand that this facility may be covered by a State Non-Discharge Permit or a NPDES Permit and completion of this form authorizes the Division of Water Resources to issue the required permit to the new land owner.

Name of Previous Land Owner: _____

Signature: _____ Date: _____

Name of New Land Owner: _____

Signature: _____ Date: _____

Name of Manager (if different from owner): _____

Signature: _____ Date: _____

Please sign and return this form to:

**Animal Feeding Operations
N. C. Division of Water Resources
Water Quality Regional Operations Section
1636 Mail Service Center
Raleigh, NC 27699-1636**