

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)
Innovative 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 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 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 waste management structures were designed.

<u>Type of Swine</u>	<u>No. of Animals</u>	<u>Type of Poultry</u>	<u>No. of Animals</u>	<u>Type of Cattle</u>	<u>No. of Animals</u>
<input type="checkbox"/> Wean to Feeder	_____	<input type="checkbox"/> Layer	_____	<input type="checkbox"/> Beef Brood Cow	_____
<input type="checkbox"/> Feeder to Finish	_____	<input type="checkbox"/> Non-Layer	_____	<input type="checkbox"/> Beef Feeder	_____
<input type="checkbox"/> Farrow to Wean (# sow)	_____	<input type="checkbox"/> Turkey	_____	<input type="checkbox"/> Beef Stocker Calf	_____
<input type="checkbox"/> Farrow to Feeder (# sow)	_____	<input type="checkbox"/> Turkey Poults	_____	<input type="checkbox"/> Dairy Calf	_____
<input type="checkbox"/> Farrow to Finish (# sow)	_____			<input type="checkbox"/> Dairy Heifer	_____
<input type="checkbox"/> Wean to Finish (# sow)	_____			<input type="checkbox"/> Dry Cow	_____
<input type="checkbox"/> Gilts	_____			<input type="checkbox"/> Milk Cow	_____
<input type="checkbox"/> 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.

- | | <u>Applicants Initials</u> |
|---|----------------------------|
| 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 Three 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. | _____ |
| 3.4 Three copies of a detailed narrative of the Innovative Animal Waste Management System | _____ |
| 3.5 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 | _____ |

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:*

- 3.3.1 The Waste Utilization Plan (WUP) must include the amount of Plant Available Nitrogen (PAN) 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
- 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 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

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) 707-9129
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 6 of 10). 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 number: (_____) _____ - _____

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: WATER QUALITY 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 (02/17)

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

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

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

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 Burke
 Caldwell
 Cherokee
 Clay
 Graham
 Haywood
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 Polk
 Rutherford
 Swain
 Transylvania
 Yancey

Beaufort
 Bertie
 Camden
 Chowan
 Craven
 Currituck
 Dare
 Gates
 Greene
 Hertford
 Hyde

Jones
 Lenoir
 Martin
 Pamlico
 Pasquotank
 Perquimans
 Pitt
 Tyrell
 Washington
 Wayne

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

Mooresville Regional WQROS Supervisor
 610 East Center Avenue, Suite 301
 Mooresville, NC 28115
 (704) 663-1699
 Fax (704) 663-6040

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

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 Harnett
 Hoke
 Montgomery

Moore
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 Robeson
 Sampson
 Scotland

Alexander
 Cabarrus
 Catawba
 Cleveland
 Gaston
 Iredell

Lincoln
 Mecklenburg
 Rowan
 Stanly
 Union

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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