

**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.

<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	_____				
<input type="checkbox"/> 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 by each item.

- |  | <u>Applicants Initials</u> |
|--|----------------------------|
| 3.1 One completed and signed original and one copy of the application for NPDES General Permit - Animal Waste Operations; [15A NCAC 02T .0105]   | _____                      |
| 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; [15A NCAC 02T .0105] | _____                      |
| 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. [15A NCAC 02T .0105]          | _____                      |

The CAWMP **must** include the following components. [NCGS 143-215.10C and 15A NCAC 02T .1305]  
*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. A mass mortality plan must also be included.
- 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.
- 3.3.18 Site-Specific Conservation Practices necessary to prevent runoff of pollutants to waters of the State.

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:

**As a second option to mailing multiple paper copies of the application package, you can scan and email one signed copy of the application and all the CAWMP items above to: [AnimalNPDES@ncdenr.gov](mailto:AnimalNPDES@ncdenr.gov)**

**NORTH CAROLINA DIVISION OF WATER RESOURCES  
WATER QUALITY PERMITTING SECTION  
ANIMAL FEEDING OPERATIONS PROGRAM  
1636 MAIL SERVICE CENTER  
RALEIGH, NORTH CAROLINA 27699-1636  
TELEPHONE NUMBER: (919) 707-9129  
FAX NUMBER: (919) 807-6496**

**DIVISION OF WATER RESOURCES REGIONAL OFFICES (09/2020)**

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

Washington Region WQROS Supervisor  
 943 Washington Square Mall  
 Washington, NC 27889  
 (252) 946-6481  
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Raleigh Region WQROS Supervisor  
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Fayetteville Region WQROS Supervisor  
 225 Green Street, Suite 714  
 Fayetteville, NC 28301-5095  
 (910) 433-3300  
 Fax (910) 486-0707

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

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