

**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)*  
**State 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 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 State General Permit - Animal Waste Operations;   | _____                      |
| 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.          | _____                      |

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 1.6), 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, MATERIALS, AND ANY DESCRIPTION OF THE FACILITY OR MODIFICATIONS SHOULD BE SENT TO THE FOLLOWING ADDRESS:

**NORTH CAROLINA DIVISION OF WATER RESOURCES  
ANIMAL FEEDING OPERATIONS & GROUNDWATER PROTECTION 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: REGIONAL WQROS 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 (10/2018)**

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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Macon  
 Madison  
 McDowell  
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 Polk  
 Rutherford  
 Swain  
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Beaufort  
 Bertie  
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 Chowan  
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 Currituck  
 Dare  
 Gates  
 Greene  
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 Hyde

Jones  
 Lenoir  
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 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 100  
 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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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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