**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. Physical address:

City, State:       Zip:

Telephone number (include area code): (       )       -

* 1. County where facility is located:
  2. 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:**

* 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.

Type of Swine No. of Animals Type of Poultry No. of Animals Type of Cattle No. of Animals

Wean to Feeder        Layer        Beef Brood Cow

Feeder to Finish        Non-Layer        Beef Feeder

Farrow to Wean (# sow)        Turkey        Beef Stocker Calf

Farrow to Feeder (# sow)        Turkey Poults        Dairy Calf

Farrow to Finish (# sow)        Dairy Heifer

Wean to Finish (# sow)        Dry Cow

Gilts        Milk Cow

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 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)

* 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 one copy of the application for NPDES General Permit - Animal Waste Operations;

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;

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.

The CAWMP **must** include the following components. *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*:

* + 1. The Waste Utilization Plan (WUP) must include the amount of Plant Available Nitrogen (PAN) and Phosphorus produced and utilized by the facility
    2. The method by which waste is applied to the disposal fields (e.g. irrigation, injection, etc.)
    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.
    4. The soil series present on every land application field
    5. The crops grown on every land application field
    6. The Realistic Yield Expectation (RYE) for every crop shown in the WUP
    7. The PAN and Phosphorus applied to every land application field
    8. The waste application windows for every crop utilized in the WUP
    9. The required NRCS Standard specifications
    10. A site schematic
    11. Emergency Action Plan
    12. Insect Control Checklist with chosen best management practices noted
    13. Odor Control Checklist with chosen best management practices noted
    14. Mortality Control Checklist with the selected method noted
    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
    16. Operation and Maintenance Plan
    17. Phosphorus Loss Assessment Tool (PLAT) Results, including the data sheets for each field.

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:

**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

**DIVISION OF WATER RESOURCES REGIONAL OFFICES (9/05)**

Asheville Regional WQROS Supervisor Washington Regional WQROS Supervisor Raleigh Regional WQROS 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

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225 Green Street, Suite 714 610 East Center Avenue 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 WQROS Supervisor

450 Hanes Mill Road, Suite 300

Winston-Salem, NC 27105

Phone (336) 776-9800

Fax (336) 776-9797

Alamance Rockingham

Alleghany Randolph

Ashe Stokes

Caswell Surry

Davidson Watauga

Davie Wilkes

Forsyth Yadkin

Guilford