



**OKLAHOMA DEPARTMENT OF AGRICULTURE,
FOOD, AND FORESTRY
Agricultural Environmental Management Services Division**

P.O. Box 528804
Oklahoma City, Oklahoma 73152
(405) 522-5892

Swine Feeding Operations - Size Increase Form - Non LMFO

1. APPLICANT

2. FACILITY

Name _____
Address _____
City _____
State _____ Zip _____
Phone _____
Corporate Contact _____
Facility Contact _____
Email address: _____

Name _____
Address _____
City _____
State _____ Zip _____
Phone _____
Legal _____
County _____
CAFO License No. _____

Driving direction to facility from nearest town _____

3. Operator _____

Address _____ City _____ State _____ Zip _____

4. Current Number and Type of animals confined and maintained at the facility:

Type	# of Animals	Factor	Animal Units (AUs)
<input type="checkbox"/> Swine over 55 lbs	_____	× 0.4	_____
<input type="checkbox"/> Swine under 55 lbs	_____	× 0.1	_____
Total Animals	_____	Total Animal Units	_____

5. Proposed increased number and type of animals confined and maintained at the facility:

Type of Animals	No. Of Animal	Factors	Animal Units
<input type="checkbox"/> Swine over 55 lbs.	_____	x 0.4	_____
<input type="checkbox"/> Swine less than 55 lbs.	_____	x 0.1	_____
Total Capacity	_____	Total Animal Unit	_____

Non LMFO Animal Units Category	License Fee
249 or Less	\$ 15.00
250 to 500	\$ 37.50
501 to 1000	\$ 75.00

Enclosed is \$_____ for an Oklahoma CAFO License fee based on this facility's capacity as calculated by animal units. **(Applicable for operations that cross from one AU category into a different AU category.)**

This license shall expire on June 30th of each year and may be renewed upon payment of the annual license fee and continued compliance with the provisions of this act and the rules and regulations of the Board.

5. In addition, please submit to the Agency the following information for review:
 - a) Cover letter clearly indicating what the proposed plan is for.
 - b) Detailed information regarding the design, dimensions, calculations, water balance design, etc., and any other information used to determine the sizing of the retention control structure (i.e., lagoons, pits, etc.) for the proposed increased number and size of animals.
 - c) A copy of the updated Pollution Prevention Plan/Nutrient Management Plan that accounts for the proposed head increase.

6. If increasing the size of your operation will include construction activities (dirt work) and the cumulative soil disturbance is one acre or more, you are required to submit to ODAFF a Notice-of-Intent (NOI) application for storm water discharges associated with construction activities. To receive an Agriculture Pollutant Discharge Elimination System (AgPDES) Storm Water Discharge Construction General Permit, please complete the form found at <http://ag.ok.gov/aems/agpdesconstructionnoi.pdf>, include a \$316 fee payment, and submit the documents to ODAFF AEMS.

For more information on the AgPDES Construction General Permit please review the fact sheet at <http://ag.ok.gov/aems/agpdesconstructionfaq.pdf>.

Notarize the following statement: "I certify under penalty of law this document and all attachments were prepared under my direction or supervision in accordance with a

system designed to assure qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for knowingly submitting false, inaccurate, or incomplete information, including the possibility of fines for each violation.”

This application to be signed by the following (A) Corporation: The Principal Executive Officer, Vice President Minimum. (B) Partnership: A General Partner. (C) Sole Proprietorship: The Proprietor.

Name _____
Type or print name and title

Signature _____ Date signed _____

State of _____ County of _____

Subscribed and sworn to before me _____, 20_____

Notary Public

My Commission Expires: _____

Commission Number: _____

(SEAL)