

## *Oklahoma Department of Agriculture, Food, and Forestry*

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### **Concentrated Animal Feeding Operation (CAFO) Agriculture Pollutant Discharge Elimination System (AgPDES) General Permit Expedited Review Application**

The AgPDES General Permit (OKG01000) for CAFO facilities expires on January 31, 2017. If a CAFO would like to continue their authorization to discharge under the AgPDES General Permit, they must submit a new Notice of Intent (NOI) and Nutrient Management Plan (NMP) to apply for coverage under the new AgPDES General Permit. If a CAFO is covered under the 2012 CAFO General Permit OKG010000, the CAFO may expedite the process of application review when applying for coverage under the new permit so long as there have been no changes in their NOI and NMP, except the changes listed in Part I Section F.1 of the new permit. All other conditions found in Part I Section F of the permit must be met in order for the CAFO to apply for the expedited review process. If applicable, please sign and notarize the statement below and return this form along with a color copy of the updated NOI and NMP.

“I certify under penalty of law this document and all attachments have been reviewed under my direction or supervision by qualified personnel and accurately describe all current best management practices used for waste management. Based upon my inquiry of the person or persons directly responsible for gathering data, there have not been nor will be any changes to the operation, transfer or storage of waste, animal mortality management, or waste utilization at this facility. I am aware that there are significant penalties for knowingly submitting false, inaccurate, or incomplete information including the possibility of a fine of not more than ten thousand dollars for each violation.”

If the CAFO is owned by a corporation, the principal executive officer is required to sign the application. For all other legal entities, the owner/operator is required to sign the application.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn before me on \_\_\_\_\_, 20\_\_.

(seal) Signature of Notary Public \_\_\_\_\_

Title (and rank): \_\_\_\_\_

My commission expires: \_\_\_\_\_

Commission number: \_\_\_\_\_