

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

APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER FROM CONCENTRATED ANIMAL FEEDING OPERATIONS (CAFOs) NOTICE OF INTENT (NOI)

I. GENERAL INFORMATION

A. TYPE OF AUTHORIZATION REQUESTED

1. Individual Permit Coverage Under General Permit
2. New Renewal Modification

B. APPLICANT INFORMATION

Applicant Name: _____
Contact Name: _____ Title: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ Facsimile: (____) _____ Email: _____

C. FACILITY OPERATION STATUS

- Existing Facility
AgPDES Permit No. OKG01 _____
 Proposed Facility

D. FACILITY INFORMATION

Facility Name: _____ Phone: (____) _____ Facsimile: (____) _____
Facility Location (physical address or location description): _____
City: _____ State: _____ Zip: _____ County: _____ Latitude: _____ Longitude: _____
Legal Description (1/4, 1/4, 1/4, Section, Township, Range): _____
Is facility located on Indian land? Yes No If yes, file your application with the EPA using EPA Form 2B.
If contract operation: Name of Integrator: _____
Address of Integrator: _____

II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS

A. SIC CODE, TYPE, AND NUMBER OF ANIMALS

B. MANURE, LITTER AND/OR WASTE PRODUCTION & USE

1. SIC Code and Type	2. Animals		3. Total Animals
	No. in Open Confinement	No. Housed Under Roof	
<input type="checkbox"/> 0241 - Mature Dairy Cows			
<input type="checkbox"/> 0241 - Dairy Heifers			
<input type="checkbox"/> 0212 - Veal Calves			
<input type="checkbox"/> 0211 - Cattle (not dairy or veal)			
<input type="checkbox"/> 0213 - Swine (55 lbs. or over)			
<input type="checkbox"/> 0213 - Swine (under 55 lbs.)			
<input type="checkbox"/> 0272 - Horses			
<input type="checkbox"/> 0253 - Turkeys			
<input type="checkbox"/> 0251 - Chickens (Broilers)			
<input type="checkbox"/> 0252 - Chickens (Layers)			
<input type="checkbox"/> Other, specify _____ SIC Code _____			

1. How much manure, litter, and wastewater are generated annually by the facility?
_____ gallons _____ tons
2. If land applied, how many acres of land under the control of the applicant are available for applying the CAFO's manure/litter/wastewater?
_____ acres
3. How many tons of manure or litter, or gallons of wastewater produced by the CAFO will be transferred annually to other persons?
_____ gallons _____ tons

C. TOPOGRAPHIC MAP			
Attach a topographic map of the geographic area in which the CAFO is located showing the perimeters of the facility and the outline of the production area including, but not limited to, animal waste storage facilities, land application sites owned or leased by the applicant, surface water bodies, drinking water wells, and other wells known to the applicant.			
D. TYPE OF CONTAINMENT, STORAGE AND CAPACITY			
1. Type of Containment	Total Capacity	Units	
<input type="checkbox"/> Lagoon			
<input type="checkbox"/> Holding Pond			
<input type="checkbox"/> Evaporation Pond			
<input type="checkbox"/> Other: Specify _____			
2. Total number of acres contributing drainage. _____ acres			
3. Type of Storage	Total Number of Storage Days	Total Capacity	Units (gallons, tons, etc.)
<input type="checkbox"/> Anaerobic Lagoon			
<input type="checkbox"/> Storage Lagoon			
<input type="checkbox"/> Evaporation Pond			
<input type="checkbox"/> Aboveground Storage Tank			
<input type="checkbox"/> Belowground Storage Tank			
<input type="checkbox"/> Roofed Storage Shed			
<input type="checkbox"/> Underfloor Pit			
<input type="checkbox"/> Concrete Pad			
<input type="checkbox"/> Impervious Soil Pad			
<input type="checkbox"/> Other Specify: _____			
E. NUTRIENT MANAGEMENT PLAN			
1. Has a nutrient management plan been included with this permit application? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____			
2. Is a nutrient management plan being implemented for the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, when will the nutrient management plan be implemented? Date: _____			
3. The date of the last review or revision of the nutrient management plan. Date: _____			
4. If not land applying, describe the alternative use(s) of manure, litter, and/or wastewater. _____			
F. LAND APPLICATION BEST MANAGEMENT PRACTICES			
Please check any of the following best management practices that are being implemented at the facility to control runoff and protect water quality: <input type="checkbox"/> Buffers <input type="checkbox"/> Setbacks <input type="checkbox"/> Conservation tillage <input type="checkbox"/> Constructed wetlands <input type="checkbox"/> Infiltration Field <input type="checkbox"/> Grass filter <input type="checkbox"/> Terrace			
III. CERTIFICATION			
<i>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.</i>			
Name and Official Title (print or type)		Phone: (____) _____	
Signature		Date Signed: _____	

INSTRUCTIONS FOR COMPLETING APPLICATION FORM AEMS095 FOR PERMIT TO DISCHARGE WASTEWATER FROM CAFOs

The General Permit OKG010000 for Discharges from CAFOs in Oklahoma is available online at the ODAFF website.

Completing the Form

Type or print, using uppercase letters, in the appropriate areas only. If you have any questions about this form, telephone ODAFF - AEMS Division at 405-522-5493 or 405-522-5495.

Section I. General Information

Indicate if the application is for an individual permit or coverage under a general permit and if it is a new, renewal, or modification application.

Item IA. Applicant Information

Provide the owner/operator contact information.

Item I-B. Facility Operation Status

Check "existing facility" if the facility is currently in operation as a CAFO. Check "proposed facility" if your facility is not now in operation or is expanding to meet the definition of a CAFO.

Item I-C. Facility Information

Enter a complete description of your facility's location including name, physical address or description of facility location, latitude/longitude, and legal description. Indicate whether the facility is located on Indian land. If the facility is located on Indian land, application needs to be filed with the EPA using EPA Form 2B. Also, if a contract operator, provide the name and address of the integrator.

Section II. Concentrated Animal Feeding Operation Characteristics

Item II-A. Type and Number of Animals

Enter the maximum number of each type of animal in open confinement or housed under roof (either partially or totally), which are held at your facility for a total of 45 days or more in any 12 month period. Provide the total number of animals confined at the facility.

Item II-B. Manure, Litter, and/or Wastewater Production and Use

1. Provide the total amount of manure, litter and wastewater generated annually by the facility.
2. If manure, litter, and wastewater generated by the facility is to be land applied, provide the number of acres, under the control of the CAFO operator, suitable for land application.
3. Provide the estimated annual quantity of manure, litter, and wastewater that the applicant plans to transfer off-site to other persons (if any).

Item II-C. Topographic Map

Provide a topographic map of the geographic area in which the CAFO is located showing the perimeters of the facility, the outline of the production area including, but not limited to, animal waste storage facilities, land application sites, surface water bodies, drinking water wells, and other wells known to the applicant.

Item II-D. Type of Containment, Storage and Capacity

1. Provide information on the type of containment and the capacity of the containment structure(s).
2. Report the number of acres that are drained and collected in the containment structure(s).
3. Identify the type of storage for the manure, litter and/or wastewater. Provide storage capacity and the minimum storage period in-days.

Item II-E. Nutrient Management Plan (NMP)

Provide information concerning the status of submitting and implementation of an NMP for the facility. In those cases where the NMP has not been submitted, provide an explanation. If the NMP has not been implemented, provide an estimated date of implementation. If not land applying, describe the alternative uses of the manure, litter and wastewater (e.g., composting, pelletizing, energy generation, etc.).

Item II-F. Land Application Best Management Practices

Check any of the identified conservation practices that are being implemented at the facility to control runoff and protect water quality.

Section III. Certification

The Clean Water Act provides for severe penalties for submitting false information on this application form. Section 309(C)(2) of the Clean Water Act provides that *"Any person who knowingly makes any false statement, representation, or certification in any application...shall upon conviction, be punished by a fine of no more than \$10,000 or by imprisonment for not more than six months, or both."*

Federal regulations require the certification to be signed as follows:

- For corporation: by a principal executive officer of at least the level of vice president;
- For a partnership or sole proprietorship: by a general partner or the proprietor, respectively; or
- For a municipality, State, Federal, or other public facility: by either a principal executive officer or ranking elected official.

Where to File the Form

ODAFF - AEMS Division
P.O. Box 528804
Oklahoma City, OK 73152