

Change of Swine Integrator Registration Form

Farm Name: _____

Facility Number: _____ - _____

Physical Location of the Swine Farm: _____

Owner(s) Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Grower(s) Name if different than Owner: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone: _____ Email: _____

Current/New Integrator: _____

Integrator Contact Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone: _____ Email: _____

Owner's Signature

Date

We appreciate your cooperation. This information is required in accordance with G.S. 143-215.10H. If you have any questions contact the AFO Program at (919) 707-9129, otherwise please return this form to:

NC Division of Water Resources
Water Quality Permitting Section
Animal Feeding Operations
1636 Mail Service Center
Raleigh, NC 27699-1636

ELECTRONIC SUBMISSION IS ENCOURAGED.
PLEASE EMAIL TO: ANIMAL.OPERATIONS@DEQ.NC.GOV