

State of North Carolina
Department of Environmental Quality
Division of Water Resources
Animal Feeding Operations Permit Application Form
(THIS FORM MAY BE PHOTOCOPIED FOR USE AS AN ORIGINAL)
Innovative Animal Waste Management System Permit

1. GENERAL INFORMATION:

- 1.1 Facility name: _____
- 1.2 Print Owner's name: _____
- 1.3 Mailing address: _____
- City, State: _____ Zip: _____
- Telephone number (include area code): (____) ____ - _____
- Email: _____
- 1.4 Physical address: _____
- City, State: _____ Zip: _____
- Telephone number (include area code): (____) ____ - _____
- Latitude ____ . ____ ° Longitude ____ . ____ ° (Decimal Degrees from Google Earth)
- 1.5 County where facility is located: _____
- 1.6 Facility location (directions from nearest major highway, using SR numbers for state roads): _____
- 1.7 Farm Manager's name (if different from Owner): _____
- 1.8 Lessee's / Integrator's name (if applicable; circle which type is listed): _____
- 1.9 Facility's original start-up date: _____ Date(s) of facility expansion(s) (if applicable): _____
- 1.10 Design Contact name: _____ Phone (____) ____ - _____ Email: _____

2. OPERATION INFORMATION:

- 2.1 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.

<u>Type of Swine</u>	<u>No. of Animals</u>	<u>Type of Poultry</u>	<u>No. of Animals</u>	<u>Type of Cattle</u>	<u>No. of Animals</u>
<input type="checkbox"/> Wean to Feeder	_____	<input type="checkbox"/> Layer	_____	<input type="checkbox"/> Beef Brood Cow	_____
<input type="checkbox"/> Feeder to Finish	_____	<input type="checkbox"/> Non-Layer	_____	<input type="checkbox"/> Beef Feeder	_____
<input type="checkbox"/> Farrow to Wean (# sow)	_____	<input type="checkbox"/> Turkey	_____	<input type="checkbox"/> Beef Stocker Calf	_____
<input type="checkbox"/> Farrow to Feeder (# sow)	_____	<input type="checkbox"/> Turkey Poults	_____	<input type="checkbox"/> Dairy Calf	_____
<input type="checkbox"/> Farrow to Finish (# sow)	_____			<input type="checkbox"/> Dairy Heifer	_____
<input type="checkbox"/> Wean to Finish (# sow)	_____			<input type="checkbox"/> Dry Cow	_____
<input type="checkbox"/> Gilts	_____			<input type="checkbox"/> Milk Cow	_____
<input type="checkbox"/> Boar/Stud	_____				
<input type="checkbox"/> 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): _____ Acres

Required Acreage (as listed in the CAWMP): _____ Acres

Existing Application Area (pre-construction): _____ Acres

Proposed Application Area (post-construction): _____ Acres

Is there a change to the existing WUP? **YES** or **NO** (circle one)

Is the Existing WUP attached? **YES** or **NO** (circle one)

Is the New (if applicable) WUP attached? **YES** or **NO** (circle one)

2.4 List and Describe all Storage/Treatment Structures Below:

a. **DIGESTER, LAGOON, or other PRIMARY TREATMENT:**

Treatment Unit Type	Existing? (Y/N)	Name of Treatment Unit	Type of Liner Material	Surface Area	Type of Cover Material	Ttl Capacity (cu. Ft.)	Req'd Capacity (cu.ft.)

a.1 Are engineering designs, drawings, specifications, and details attached? **YES** or **NO** (circle one)

b. **SECONDARY TREATMENT/STORAGE:** (double click on "Select" for drop-down menu box)

Name of Storage Unit	Existing? (Y/N)	Type of Liner Material	Surface Area	Ttl Capacity (cu. Ft.)	Req'd Capacity (cu.ft.)

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)

2.7 Does this facility meet all applicable siting requirements? **YES** or **NO** (circle one)

2.8 Describe Waste and/or Wastewater Movement between Barns, Treatment Units, and Storage Structures

Location To/From	Transfer Method (Pump Station, Gravity, etc.)	Pipe Size	Minimum Capacity		Plan Sheet Reference
			GPM	TDH	

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 of the application for Innovative Animal Waste Management System Application Form _____
- 3.2 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 A complete 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 should be added to the CAWMP for permitting purposes:*

- 3.3.1 The Waste Utilization Plan (WUP) must include the amount of Plant Available Nitrogen (PAN) produced and utilized by the facility.
- 3.3.2 The method by which waste is applied to the disposal fields (e.g. irrigation, injection, etc.)
- 3.3.3 A map of every field used for land application. Copies of current lease agreements for all leased fields.
- 3.3.4 The soil series present on every land application field
- 3.3.5 The crops grown on every land application field
- 3.3.6 The Realistic Yield Expectation (RYE) for every crop shown in the WUP
- 3.3.7 The PAN applied to every land application field
- 3.3.8 The waste application windows for every crop utilized in the WUP
- 3.3.9 The required NRCS Standard specifications
- 3.3.10 A site schematic
- 3.3.11 Emergency Action Plan
- 3.3.12 Insect Control Checklist with chosen best management practices noted
- 3.3.13 Odor Control Checklist with chosen best management practices noted
- 3.3.14 Mortality Control Checklist with the selected method noted
- 3.3.15 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.
- 3.3.16 Operation and Maintenance Plan

If your CAWMP includes any components not shown on this list, please include the additional components with your submittal. (Composting, dewatering/drying, waste transfers, etc.)

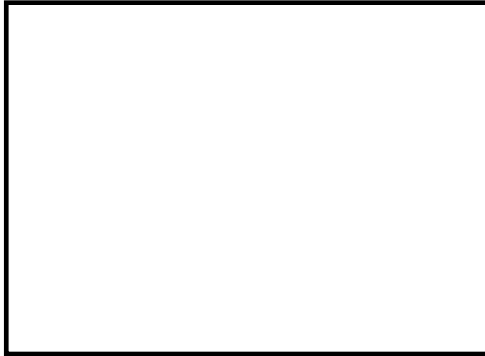
- 3.4 Detailed narrative of the Innovative Animal Waste Management System _____
- 3.5 All engineering documents, including, but not limited to, calculations, equipment specifications, plan and profile drawings to scale, construction materials, supporting equations or justifications _____

4. ENGINEER'S CERTIFICATION:

I, _____ (P.E. representing Owner 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 _____

Engineer's Seal



5. APPLICANT'S CERTIFICATION:

I, _____ (Owner/Permittee 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 _____

6. MANAGER'S CERTIFICATION: (complete only if different from the Owner/Permittee)

I, _____ (Manager's name listed in question 1.7), 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 _____

PLEASE SUBMIT THE COMPLETED APPLICATION PACKAGE, ALL SUPPORTING INFORMATION AND MATERIALS,
AND ANY PLANS AND SPECIFICATIONS TO:

**NORTH CAROLINA DIVISION OF WATER RESOURCES
ANIMAL FEEDING OPERATIONS PROGRAM
1636 MAIL SERVICE CENTER
RALEIGH, NORTH CAROLINA 27699-1636
TELEPHONE NUMBER: (919) 707-9129**

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

7. SURFACE WATER CLASSIFICATION:

This form must be completed by the appropriate DWR regional office and included as a part of the project submittal information.

The classification of the downslope surface waters (the surface waters that any overflow from the facility would flow toward) in which this animal waste management system will be operated must be determined by the appropriate DWR regional office. Therefore, you are required, **prior to submittal of the application package**, to submit this form, with items 1 through 6 completed, to the appropriate Division of Water Resources Regional Operations Supervisor (see page 6 of 6). At a minimum, you must include an 8.5" by 11" copy of the portion of a 7.5-minute USGS Topographic Map which shows the location of this animal waste application system and the downslope surface waters in which they will be located. Identify the closest downslope surface waters on the attached map copy. **Once the regional office has completed the classification, reincorporate this completed page and the topographic map into the complete application form and submit the application package.**

7.1 Facility Name & Number: _____

7.2 Name & complete address of engineering firm: _____

Telephone: (_____) _____ - _____ Fax: (_____) _____ - _____

Email: _____

7.3 Name of closest downslope surface waters: _____

7.4 County(ies) where the animal waste management system and surface waters are located _____

7.5 Map name and date: _____

7.6 NC Professional's Seal (If appropriate), Signature, and Date: _____



TO: WATER QUALITY REGIONAL OPERATIONS SUPERVISOR

Please provide me with the classification of the watershed where this animal waste management facility will be or has been constructed or field located, as identified on the attached map segment(s):

Name of surface waters: _____

Classification (as established by the Environmental Management Commission): _____

Proposed classification, if applicable: _____

Signature of regional office personnel: _____ Date: _____

(All attachments must be signed)

DIVISION OF WATER RESOURCES REGIONAL OFFICES (5/2025)

Asheville Region WQROS Supervisor
2090 U.S. Highway 70
Swannanoa, NC 28778
(828) 296-4500
Fax (828) 299-7043

Washington Region WQROS Supervisor
943 Washington Square Mall
Washington, NC 27889
(252) 948-3800
Fax (252) 975-3716

Raleigh Region WQROS Supervisor
1628 Mail Service Center
Raleigh, NC 27699-1628
(919) 791-4200
Fax (919) 571-4718

Avery
Buncombe
Burke
Caldwell
Cherokee
Clay
Graham
Haywood
Henderson
Jackson

Macon
Madison
McDowell
Mitchell
Polk
Rutherford
Swain
Transylvania
Yancey

Beaufort
Bertie
Camden
Chowan
Craven
Currituck
Dare
Gates
Greene
Hertford
Hyde

Jones
Lenoir
Martin
Pamlico
Pasquotank
Perquimans
Pitt
Tyrell
Washington
Wayne

Chatham
Durham
Edgecombe
Franklin
Granville
Halifax
Johnston
Lee

Nash
Northampton
Orange
Person
Vance
Wake
Warren
Wilson

Fayetteville Region WQROS Supervisor
225 Green Street, Suite 714
Fayetteville, NC 28301-5094
(910) 433-4300
Fax (910) 433-3398

Mooresville Region WQROS Supervisor
610 East Center Avenue
Mooresville, NC 28115
(704) 235-2100
Fax (704) 235-2101

Wilmington Region WQROS Supervisor
127 Cardinal Drive Extension
Wilmington, NC 28405-3845
(910) 796-7215
Fax (910) 350-2004

Anson
Bladen
Cumberland
Harnett
Hoke
Montgomery

Moore
Richmond
Robeson
Sampson
Scotland

Alexander
Cabarrus
Catawba
Cleveland
Gaston
Iredell

Lincoln
Mecklenburg
Rowan
Stanly
Union

Brunswick
Carteret
Columbus
Duplin

New Hanover
Onslow
Pender

Winston-Salem Region WQROS Supervisor
450 Hanes Mill Road, Suite 300
Winston-Salem, NC 27105
Phone (336) 776-9800
Fax (336) 776-9797

Alamance
Alleghany
Ashe
Caswell
Davidson
Davie
Forsyth
Guilford

Rockingham
Randolph
Stokes
Surry
Watauga
Wilkes
Yadkin