DEVICES TO AUTOMATICALLY STOP IRRIGATION EVENTS STATE GENERAL PERMITS

The State of North Carolina has issued State General Permits for animal facilities to operate in North Carolina. These Permits meet both State and EPA requirements and provide coverage for the following types of facilities.

- AWG100000 Swine Facilities
- AWG200000 Cattle Facilities
- AWG300000 Poultry Facilities with a liquid waste management system

You have recently been issued a Certificate of Coverage (COC) to operate your animal facility under one of these General Permits.

Condition II.24 of each of these Permits reads as follows:

The Permittee shall:

a. install, operate, and maintain devices on all irrigation pumps/equipment designed to automatically stop irrigation activities during precipitation; or

b. commit to provide for the presence of the OIC, a designated backup OIC, or a person under the supervision of an OIC or designated backup OIC at all times during the land application of waste so that in case of a precipitation event, the irrigation activities will be stopped immediately. This commitment must be submitted in writing to the Division on a form supplied by, or approved by, the Division. [G.S. § 90A-47]

Installation of devices or submission of alternate documentation shall be completed within 12 months of the issuance of the COC for this General Permit. The Permittee shall maintain such devices according to the manufacturer's instructions and warranties. This Condition does not apply to manure spreaders or other equipment pulled by manned vehicles. [15A NCAC 02T .0108(b)]

Please check the box below that indicates your commitment to do one of the following.

	Within twelve (12) months of the effective date of a COC issued undevices on all irrigation pumps/equipment designed to automatical This condition does not apply to manure spreaders or other equipment.	ally stop irrigation activities during precipitatio	
	I will commit to provide for the presence of the Operator in Chargunder the supervision of an OIC or backup OIC at all times during		on
syste inqu the i sign	ertify under penalty of law that this document was prepared under the median designed to assure that qualified personnel properly gather and every of the person or persons who manage the system, or those persons information submitted is, to the best of my knowledge and belief, true ficant penalties for submitting false information, including the positions."	evaluate the information submitted. Based on m directly responsible for gathering the information, accurate, and complete. I am aware that there a	ny on, ire
	Facility Name	Permit Number	
	Owner/Permittee Name and Title (type or print)	_	
	Signature of Owner/Permittee	Date	
	Signature of Operator in Charge (if different from Permittee)	 Date	

Mail to: Animal Feeding Operations

1636 Mail Service Center Raleigh, NC 27699-1636