

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)
State Digester General Permit – Farm Digester System

1. GENERAL INFORMATION:

- 1.1 Facility name: _____
- 1.2 Print Owner's name: _____
- 1.3 Mailing address: _____
 City, State: _____ Zip: _____
 Telephone (include area code): (____) _____ - _____ Fax: (____) _____ - _____
 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 Landowner): _____
- 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 current swine waste management system is permitted.

<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** or other **PRIMARY TREATMENT**: (double click on “Select” for drop-down menu box)

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.)
Select			Select		Select		
Select			Select		Select		
Select			Select		Select		

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.)
		Select			
		Select			
		Select			
		Select			

2.5 Are **KNOWN** subsurface drains present within 100' of any application fields? **YES** or **NO** (circle one)

2.6 Are **KNOWN** subsurface drains 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 Water Movement between Barns, Digesters, and Storage Ponds (double click on “Select” for drop-down menu box)

Location	Pump Station or Gravity	Pipe Size	Minimum Pump Capacity		Plan Sheet Reference
			GPM	TDH	
Select					
Select					
Select					
Select					
Select					
Select					
Select					
Select					

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.

Applicant's Initials

- 3.1 One completed and signed original of the application for Digester 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 Documentation that new digester structure(s) meets the Swine Farm Siting Act, for swine operations. _____
- 3.3.1 Site Map. The scale of this map shall not exceed 1 inch = 400 feet.
- 3.3.2 All proposed digesters to occupied residences \geq 1500 feet OR no closer than existing setback.
Existing setback = _____ feet
- 3.3.3 All proposed digesters to schools, hospitals, churches, outdoor recreational facilities, national parks, state parks, historic properties, or childcare centers \geq 2500 feet OR no closer than existing setback.
Existing setback = _____ feet
- 3.3.4 All proposed digesters to property boundaries \geq 500 feet OR no closer than existing setback.
Existing setback = _____ feet
- 3.3.5 All proposed digesters to Public Water supply wells \geq 500 feet.
- 3.3.6 The map shall show the location of any property boundaries and perennial streams, or rivers located within 75 feet of waste application areas.
- 3.4 One copy of all engineering documents, including, but not limited to, calculations, equipment specifications, plan and profile drawings to scale, construction materials, supporting equations or justifications. _____
- 3.5 A detailed narrative of the Farm Digester Animal Waste Management System. _____
- 3.6 A copy of the CAWMP which **must** include the following components. *Some of these components may not have been required at the time the facility was initially certified but must be added to the CAWMP for permitting purposes:* _____
- 3.6.1 The Waste Utilization Plan (WUP) must include the amount of Plant Available Nitrogen (PAN) produced and utilized by the facility
- 3.6.2 The method by which waste is applied to the disposal fields (e.g., irrigation, injection, etc.)
- 3.6.3 A map of every field used for land application
- 3.6.4 The soil series present on every land application field
- 3.6.5 The crops grown on every land application field
- 3.6.6 The Realistic Yield Expectation (RYE) for every crop shown in the WUP
- 3.6.7 The PAN applied to every application field
- 3.6.8 The waste application windows for every crop utilized in the WUP
- 3.6.9 The required NRCS Standard Specifications
- 3.6.10 A site schematic
- 3.6.11 Emergency Action Plan
- 3.6.12 Insect Control Checklist with chosen best management practices noted
- 3.6.13 Odor Control Checklist with chosen best management practices noted
- 3.6.14 Mortality Control Checklist with the selected method noted
- 3.6.15 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
- 3.6.16 Site Specific Operation and Maintenance Plan

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

4. ENGINEER'S CERTIFICATION:

I, _____ (P.E. representing Owner's 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 _____

Engineer's Seal



5. FARM OWNER/PERMITTEE 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 as incomplete.

Signature _____ Date _____

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

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 _____

THE COMPLETED APPLICATION PACKAGE, INCLUDING ALL SUPPORTING INFORMATION AND MATERIALS, SHOULD BE SENT TO THE FOLLOWING ADDRESS:

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

ELECTRONIC SUBMISSION IS ENCOURAGED. EMAIL TO: RAMESH.RAVELLA@NCDENR.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.

INSTRUCTIONS TO NC PROFESSIONALS:

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: 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 (4/2020)

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

Washington Regional WQROS Supervisor
 943 Washington Square Mall
 Washington, NC 27889
 (252) 946-6481
 Fax (252) 946-9215

Raleigh Regional 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 Regional WQROS Supervisor
 225 Green Street, Suite 714
 Fayetteville, NC 28301-5094
 (910) 433-4300
 Fax (910) 486-0707

Mooresville Regional WQROS Supervisor
 610 East Center Avenue
 Mooresville, NC 28115
 (704) 663-1699
 Fax (704) 663-6040

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 Regional 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