**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. 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:**

* 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.

Type of Swine No. of Animals Type of Poultry No. of Animals Type of Cattle No. of Animals

Wean to Feeder        Layer        Beef Brood Cow

Feeder to Finish        Non-Layer        Beef Feeder

Farrow to Wean (# sow)        Turkey        Beef Stocker Calf

Farrow to Feeder (# sow)        Turkey Poults        Dairy Calf

Farrow to Finish (# sow)        Dairy Heifer

Wean to Finish (# sow)        Dry Cow

Gilts        Milk Cow

Boar/Stud

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)

* 1. List and Describe all Storage/Treatment Structures Below:

1. 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)

* 1. Does this facility meet all applicable siting requirements? **YES** or **NO (**circle one)
  2. 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 ≥ 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 ≥ 2500 feet OR no closer than existing setback.

Existing setback = feet

3.3.4 All proposed digesters to property boundaries ≥ 500 feet OR no closer than existing setback.

Existing setback = feet

3.3.5 All proposed digesters to Public Water supply wells ≥ 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.

* 1. 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*:

* + 1. The Waste Utilization Plan (WUP) must include the amount of Plant Available Nitrogen (PAN) produced and utilized by the facility
    2. The method by which waste is applied to the disposal fields (e.g., irrigation, injection, etc.)
    3. A map of every field used for land application
    4. The soil series present on every land application field
    5. The crops grown on every land application field
    6. The Realistic Yield Expectation (RYE) for every crop shown in the WUP
    7. The PAN applied to every application field
    8. The waste application windows for every crop utilized in the WUP
    9. The required NRCS Standard Specifications
    10. A site schematic
    11. Emergency Action Plan
    12. Insect Control Checklist with chosen best management practices noted
    13. Odor Control Checklist with chosen best management practices noted
    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

* + 1. 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 Washington Regional WQROS Supervisor Raleigh Regional WQROS Supervisor

2090 U.S. Highway 70 943 Washington Square Mall 1628 Mail Service Center

Swannanoa, NC 28778 Washington, NC 27889 Raleigh, NC 27699-1628

(828) 296-4500 (252) 946-6481 (919) 791-4200

Fax (828) 299-7043 Fax (252) 946-9215 Fax (919) 571-4718

Avery Macon Beaufort Jones Chatham Nash

Buncombe Madison Bertie Lenoir Durham Northampton

Burke McDowell Camden Martin Edgecombe Orange

Caldwell Mitchell Chowan Pamlico Franklin Person

Cherokee Polk Craven Pasquotank Granville Vance

Clay Rutherford Currituck Perquimans Halifax Wake

Graham Swain Dare Pitt Johnston Warren

Haywood Transylvania Gates Tyrell Lee Wilson

Henderson Yancey Greene Washington

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Anson Moore Alexander Lincoln Brunswick New Hanover

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Harnett Sampson Cleveland Stanly Duplin

Hoke Scotland Gaston Union

Montgomery Iredell

Winston-Salem Regional WQROS Supervisor

450 Hanes Mill Road, Suite 300

Winston-Salem, NC 27105

Phone (336) 776-9800

Fax (336) 776-9797

Alamance Rockingham

Alleghany Randolph

Ashe Stokes

Caswell Surry

Davidson Watauga

Davie Wilkes

Forsyth Yadkin

Guilford