



Concentrated Animal Feeding Operation Permit – Application for Coverage

This application is for obtaining coverage under the water quality permit for Concentrated Animal Feeding Operations (CAFOs). The permit is the “CAFO National Pollutant Discharge Elimination System (NPDES) and State Waste Discharge General Permit,” required by 40 CFR 122 and Chapter 90.48 RCW.

This form must either be typed or printed in ink. If there is not enough room to answer a question completely, attach additional sheets. It is important that you fill out this form completely. Otherwise, it will be returned to you for completion, and coverage may be delayed.

1. General information

Facility Name: _____

Mailing Address: _____
(Billing Address) _____

City: _____ State: _____ Zip: _____

Address of Facility: _____
(If different) _____

City: _____ State: _____ Zip: _____

Location of Facility: Latitude: _____
Longitude: _____

*Latitude, longitude,
and maps are
available from your
conservation district*

Attach a topographic map (with the exact location of the facility marked).

Uniform Business Identification (UBI) Number: _____

Check here if you do not have a UBI Number

Person to contact who is familiar with the information on this application:

Name: _____

Title: Owner Operator Other _____

Phone: (_____) _____ - _____ Cell Phone:(optional) (_____) _____ - _____

Is your facility: an existing facility, or a proposed facility (not operating now), or an expanding facility that will meet the definition of a CAFO after the expansion.

FOR AGENCY USE ONLY

Date application received: _____ Application # _____ Date application accepted: _____
WRIA number: _____ Conservation district: _____

If you checked “a proposed facility” or “an expanding facility that will meet the definition of a CAFO after the expansion:”

- Have the public notice requirements of WAC 173-226-130(5) been met? Yes No
- Have the applicable State Environmental Policy Act (SEPA) requirements under chapter 197-11 WAC been met? Yes No

2. Type and number of animals

Give the maximum number of each type of animal in open confinement or housed under roof (either partially or totally) that are held at your facility for a total of 45 days or more in any 12-month period.

	Number of Animals in Open Confinement	Number of Animals Housed under Roof
<input type="checkbox"/> Mature Dairy Cows		
<input type="checkbox"/> Dairy Heifers		
<input type="checkbox"/> Veal Calves		
<input type="checkbox"/> Cattle (not dairy or veal)		
<input type="checkbox"/> Swine (55 lb. or over)		
<input type="checkbox"/> Swine (under 55 lb.)		
<input type="checkbox"/> Horses		
<input type="checkbox"/> Sheep or Lambs		
<input type="checkbox"/> Turkeys		
<input type="checkbox"/> Chickens (Broilers)		
<input type="checkbox"/> Chickens (Layers)		
<input type="checkbox"/> Ducks		
<input type="checkbox"/> Other (Specify: _____)		

3. Manure, litter and/or process waste water

How much manure, litter, and process waste water is generated per year at your facility? _____ tons
 gallons
 (check one)

If using land application, how many acres of land under your control are used for applying your manure, litter or process waste water? _____ acres

How much manure, litter or process waste water will you transfer to other persons per year? _____ tons
 gallons
 (check one)

4. Storage

Type of Storage	Total Capacity of Storage in tons/gallons (check one)
<input type="checkbox"/> Lagoon	<input type="checkbox"/> tons / <input type="checkbox"/> gallons
<input type="checkbox"/> Roofed Storage Shed	<input type="checkbox"/> tons / <input type="checkbox"/> gallons
<input type="checkbox"/> Storage Ponds	<input type="checkbox"/> tons / <input type="checkbox"/> gallons
<input type="checkbox"/> Underfloor Pits	<input type="checkbox"/> tons / <input type="checkbox"/> gallons
<input type="checkbox"/> Above Ground Storage Tanks	<input type="checkbox"/> tons / <input type="checkbox"/> gallons
<input type="checkbox"/> Below Ground Storage Tanks	<input type="checkbox"/> tons / <input type="checkbox"/> gallons
<input type="checkbox"/> Concrete Pad	<input type="checkbox"/> tons / <input type="checkbox"/> gallons
<input type="checkbox"/> Impervious Soil Pad	<input type="checkbox"/> tons / <input type="checkbox"/> gallons
<input type="checkbox"/> Other (Specify _____)	<input type="checkbox"/> tons / <input type="checkbox"/> gallons

5. Nutrient management plan

Attach a copy of the nutrient management plan to this application.

- When was the last review or revision of the nutrient management plan? Date _____

Is the nutrient management plan being implemented at the facility? Yes No

- If no, when will the nutrient management plan be implemented? Date _____

Has the nutrient management plan been certified? Yes No

- If yes, by what agency or organization: _____ and when (date): _____

6. Discharge of pollutants

Is manure (or runoff contaminated with manure) discharges to streams, ditches, creeks, ponds, lakes, saltwater, etc., through a man-made ditch, flushing system or other similar man-made device? Yes No

- If yes, date of last discharge: _____ Has the discharge been stopped? Yes No

I certify under penalty of law that this document and all attachments were prepared by me or if not, under my direction, and only qualified individuals gathered the information. I further certify it is true, accurate and complete.

Date: _____ Signature: _____

Title: _____ Printed Name: _____

See the next page for signature requirements.

Signing the permit application form

The signature is a very important part of the application.

- For a sole proprietorship, the owner must sign the application.
- For a partnership, at least one partner must sign the application.
- Finally, for a corporation, a principal executive officer of at least the level of vice president must sign the application.

A duly authorized representative of a facility may also sign the application if (1) the authorization is made in writing by the owner of a facility and submitted to Ecology, and (2) the authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility, or an individual or position having overall responsibility for environmental matters.

Please send completed application to:

Jon Jennings
Department of Ecology
PO Box 47600
Olympia, WA 98504-7600

If you need this document in a format for the visually impaired, call the Water Quality Program at 360-407-6600. Persons with hearing loss, call 711 for Washington Relay Service. Persons with a speech disability, call 877-833-6341.