



# Application for Coverage Notice of Intent To Apply For Coverage Under A Concentrated Animal Feeding Operation General Permit

### I. Select Type of Application Being Submitted:

- New Application for State Only Permit Coverage (State Waste Discharge)
- New Application for Combined Permit Coverage (NPDES and State Waste Discharge)
- Updated Information for Permit Number: \_\_\_\_\_

### II. Applicant/Permittee Information

Applicant Name:		
Business/Facility Name:		
Mailing Address:		
City:	State:	Zip:
Phone:	Cell Phone (Optional):	
Email:	UBI:	

### III. Facility Information (fill in if different from information in II. Applicant/Permittee Information above)

Facility Contact:		
Facility Address:		
City:	State:	Zip:
Phone:	Cell Phone (Optional):	
Email:		

### IV. Animal Numbers

Give the maximum number of each type of animals at your facility for the year.

<input type="checkbox"/> Dairy Cows: _____	<input type="checkbox"/> Sheep or Lambs: _____
<input type="checkbox"/> Dairy Heifers: _____	<input type="checkbox"/> Turkeys: _____
<input type="checkbox"/> Veal Calves: _____	<input type="checkbox"/> Ducks: _____
<input type="checkbox"/> Beef: _____	<input type="checkbox"/> Horses: _____
<input type="checkbox"/> Swine	<input type="checkbox"/> Chickens
≥55 pounds: _____	Broilers: _____
< 55pounds: _____	Layers: _____
<input type="checkbox"/> Other: _____	

### V. Manure Generation and Storage

Total amount of manure, litter, process waste, or process wastewater generated at the facility per year.	□ Tons/□ Gallons
Total amount of water captured by production area of the facility that is mixed with manure, litter, process waste or process wastewater per year.	Gallons
Estimate how much manure, litter, process waste and process wastewater will be exported to other parties not affiliated with the operation per year.	□ Tons/□ Gallons
Number of acres under the applicant's control that are available for land application of manure, litter, process waste, process wastewater or digestate.	Acres

Type of Containment or Storage	Total Capacity	Design Freeboard
Lagoon	Gallons	Feet
Roofed Storage Shed	<input type="checkbox"/> Tons/ <input type="checkbox"/> Cubic Yards	n/a
Storage Ponds	Gallons	Feet
Under-floor Pits	Gallons	Feet
Above Ground Storage Tanks	Gallons	Feet
Below Ground Storage Tanks	Gallons	Feet
Concrete Pad	<input type="checkbox"/> Tons/ <input type="checkbox"/> Cubic Yards	n/a
Soil Pad	<input type="checkbox"/> Tons/ <input type="checkbox"/> Cubic Yards	n/a
Other (Specify):	<input type="checkbox"/> Tons/ <input type="checkbox"/> Cubic Yards/ <input type="checkbox"/> Gallons	n/a

### VI. Combined Permit Only: Field Discharge Management Compliance Alternative

If the Applicant/Permittee is applying for the Combined Permit and is planning on using a field discharge management alternative practice compliance alternative (permit special condition S4.M.3) the following information must be provided for each field on which a compliance alternative is planned for use:

1. Field ID matching the field ID used in the applicant/Permittee's Manure Pollution Prevention Plan
2. A map of the field where the alternative practice compliance alternative is planned for use showing the location(s) on the field where the compliance alternative is to be implemented.
3. Supporting information demonstrating that the alternative practice compliance alternative will provide pollutant reductions equivalent of better than the reductions that would be achieved by a 100-foot setback.

Requests for approval to use alternative practice compliance alternatives submitted without this information will not be considered for approval.

### VII. Public Notice

**Combined Permit:** If you are applying for the Combined permit, you must publish public notice.

**State Only Permit:** Did you begin operation after January 18, 2017?

- Yes: Publish public notice.  
 No: Public notice is not required.

Public notice must be published at least once each week, for two consecutive weeks with at least seven days between publications, in a **single** newspaper that has general circulation in the county in which the project is to take place. **The applicant must use the Public Notice Template provided below. The completed NOI must be submitted to Ecology on or before the date of the first public notice.** Ecology cannot grant permit coverage sooner than **31 days** after the date of the second public notice.

Provide the **exact** dates (mm/dd/yy) that the public notices will appear in the newspaper.

First public notice date:

Second public notice date:

Newspaper publishing the public notice:

#### Public Notice Template

Complete this template using facility-specific information and submit to a local newspaper with general circulation within the county where the facility is located. The language in **bold** is required and may not be modified, however the applicant may add additional information to the notice.

**[Name of Applicant/Permittee] is seeking coverage under the Washington State Department of Ecology Concentrated Animal Feeding Operation NPDES and State Waste Discharge General Permit. The application applies to the applicant's facility located at [Address of Permittee's Operation] and the applicant's land application fields.**

Combined Permit Only: Include the italicized section below in your public notice only if you are applying for Combined Permit coverage and are proposing to use a field discharge management practice alternative practice compliance alternative (Section VI. Combined Permit Field Discharge Management Compliance Alternative) at the time you are applying for coverage.

*The applicant is also seeking approval to use an alternative practice compliance alternative as allowed by CAFO permit special condition S4.M.3 on their land application field(s). Comments on the alternative practice compliance alternative should address whether the proposal will be as effective as the default 100-foot land application setback required by CAFO permit special condition S4.M.*

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**Any person desiring to present their views to Ecology regarding this application may do so in writing within 30 days of the last date of publication of this notice. Comments should address whether coverage under this permit is appropriate for the facility. Comments must be submitted to Ecology. Any person interested in the Ecology's action on this application may notify Ecology of their interest within 30 days of the last date of publication of this notice. Comments can be submitted to: Department of Ecology, Water Quality Program, Attn: CAFO Permit Administrator, P.O. Box 47600, Olympia, WA 98504-7600.**

### **VIII. Applicant Certification**

*"I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."*

Print Name:

Date:

Signature:

#### **Send completed NOIs to:**

Washington Department of Ecology  
Water Quality Program  
Attn: CAFO Permit Administrator  
PO Box 46700  
Olympia, WA 98504-7600

To ask about the availability of this document in a format for the visually impaired, call the Water Quality Program at (360) 407-6401. Persons with hearing loss may call 711 for Washington Relay Service. Persons with a speech disability may call (877) 833-6341.

#### **Questions?**

**Contact the CAFO Permit Administrator at (360) 407-6600 or [cafopermit@ecy.wa.gov](mailto:cafopermit@ecy.wa.gov).**

# Application for Coverage Notice of Intent Instructions

## Concentrated Animal Feeding Operation General Permit

### I. Select Type of Application Being Submitted

- If this is your initial application, indicate which permit you would like to operate your facility under.
- If this application is just to provide updated information, check the update box and provide the permit number (assigned by Ecology) that you are providing updated information for.

### II. Applicant/Permittee Information

The applicant must provide their contact information including name, business name, mailing address, phone number, and email address.

### III. Facility Information

The applicant must fill out this section if there is a facility contact responsible for the day-to-day operation of the facility that is different from the applicant.

### IV. Animal Numbers

Fill out the numbers and types of animals confined at the facility for a period of 45 days or more during any 12-month period.

### V. Manure Generation and Storage

Fill out the types and capacities of storage that the applicant has onsite.

### VI. Combined Permit Only: Field Discharge Management Compliance Alternative

Attach the required information to the permit application if applying for coverage under the combined permit and proposing to implement a compliance alternative at the time of permit coverage.

### VII. Public Notice

- **Combined Permit:** Applicants applying for the combined permit must use this template to publish public notice in the newspaper.
- **State Only Permit – New Operations:** Applicants with new operations (started operating after January 18, 2017) or modifying permit coverage (supplying updated information to Ecology is **not** modifying permit coverage) must use this template to publish public notice in the newspaper.
- **State Only Permit – Existing Operation:** Existing operations (started operating before January 18, 2017) do not need to publish public notice.

### VIII. Applicant Certification

A person who has signature authority must sign the Application. Signature authority is defined in General Condition 15 as:

1. In the case of corporations, by a responsible corporate officer.
2. In the case of a partnership, by a general partner of a partnership.
3. In the case of sole proprietorship, by the proprietor.
4. In the case of a municipal, state, or other public facility, by either a principal executive officer or ranking elected official.

### Once you complete and sign the form, send it to:

Washington Department of Ecology  
Water Quality Program  
Attn: CAFO Permit Administrator  
PO Box 47600  
Olympia, WA 98504-7600