

Animal Waste Management Plan Certification

(Please type or print all information that does not require a signature)

Existing or New or Expanded (please circle one)

General Information:

Permit No: _____

Name of Farm: _____ Facility No: _____ -- _____

Owner(s) Name: _____ Phone No: _____

Mailing Address: _____

Farm Location: _____ County Farm is located in: _____

Latitude and Longitude: _____ / _____ Integrator: _____

Please attach a copy of a county road map with location identified and describe below (Be specific: road names, directions, milepost, etc.): _____

Operation Description:

<i>Type of Swine</i>	<i>No. of Animals</i>	<i>Type of Poultry</i>	<i>No. of Animals</i>	<i>Type of Dairy</i>	<i>No. of Animals</i>
o Wean to Feeder	_____	o Layer	_____	o Milking	_____
o Feeder to Finish	_____	o Non-Layer	_____	o Dry	_____
o Farrow to Wean	_____	<i>Type of Beef</i>	<i>No. of Animals</i>	o Heifers	_____
o Farrow to Feeder	_____	o Brood	_____	o Calves	_____
o Farrow to Finish	_____	o Feeders	_____		
o Gilts	_____	o Stockers	_____		
o Boars	_____	<i>Other Type of Livestock:</i>	_____	<i>Number of Animals:</i>	_____

Expanding Operation Only

Previous Design Capacity: _____ *Additional Design Capacity:* _____ *Total Design Capacity:* _____

Acreage Available for Application: _____ Required Acreage: _____

Number of waste structures: _____ Total Capacity: _____ Cubic Feet (ft³)

Are subsurface drains present on the farm: **YES** or **NO** (please circle one)

If YES: are subsurface drains present in the area of the waste structures (please circle one or both as applicable)

Owner / Manager Agreement

I (we) verify that all the above information is correct and will be updated upon changing. I (we) understand the operation and maintenance procedures established in the approved animal waste management plan for the farm named above and will implement these procedures. I (we) know that any expansion to the existing design capacity of the waste treatment and storage system or construction of new facilities will require a permit application and a new certification to be submitted to the Division of Water Quality (DWQ) and permit approval received before the new animals are stocked. I (we) understand that there must be no discharge of animal waste from the storage system to surface waters of the state unless specifically allowed under a permit from DWQ and there must not be run-off from the application of animal waste. I (we) understand that run-off of pollutants from lounging and heavy use areas must be minimized using technical standards developed by the USDA-Natural Resources Conservation Service (NRCS). The approved plan will be filed at the farm and at the DWQ Regional Office and the office of the local Soil and Water Conservation District (SWCD). I (we) know that any modification must be approved by a technical specialist and submitted to the DWQ Regional Office and local SWCD and required approvals received from DWQ prior to implementation. A change in farm ownership requires a permit application to be sent to DWQ along with a new certification (if the approved plan is changed).

Name of Land Owner: _____

Signature: _____ **Date:** _____

Name of Manager (if different from owner): _____

Signature: _____ **Date:** _____

Technical Specialist Certification

I. As a technical specialist designated by the North Carolina Soil and Water Conservation Commission pursuant to 15A NCAC 6H .0104, I certify that the animal waste management system for the farm named above has an animal waste management plan that meets or exceeds standards and specifications of the Division of Water Quality as specified in 15A NCAC 2T .1300 (formerly 2H .0217) and the USDA-Natural Resources Conservation Service and/or the North Carolina Soil and Water Conservation Commission pursuant to 15A NCAC 2T .1300 (formerly 2H .0217) and 15A NCAC 6F .0101-.0105. The following elements are included in the plan as applicable. While each category designates a technical specialist who may sign each certification (SD, SI, WUP, RC, I), the technical specialist should only certify parts for which they are technically competent.

II. Certification of Design

A) Collection, Storage, Treatment System

Check the appropriate box

- o **Existing facility without retrofit (SD or WUP)**
Storage volume is adequate for operation capacity; storage capability consistent with waste utilization requirements.
- o **New, expanded or retrofitted facility (SD)**
Animal waste storage and treatment structures, such as but not limited to collection systems, lagoons and ponds, have been designed to meet or exceed the minimum standards and specifications.

Name of Technical Specialist (Please Print): _____

Affiliation _____ Date Work Completed: _____

Address (Agency): _____ Phone No.: _____

Signature: _____ Date: _____

B) Land Application Site (WUP)

The plan provides for minimum separations (buffers); adequate amount of land for waste utilization; chosen crop is suitable for waste management; and the hydraulic and nutrient loading rates are appropriate for the site and receiving crop.

Name of Technical Specialist (Please Print): _____

Affiliation _____ Date Work Completed: _____

Address (Agency): _____ Phone No.: _____

Signature: _____ Date: _____

C) Runoff Controls from Exterior Lots

Check the appropriate box

- o **Facility without exterior lots (SD or WUP or RC)**
This facility does not contain any exterior lots.
- o **Facility with exterior lots (RC)**
Methods to minimize the run off of pollutants from lounging and heavy use areas have been designed in accordance with technical standards developed by NRCS.

Name of Technical Specialist (Please Print): _____

Affiliation _____ Date Work Completed: _____

Address (Agency): _____ Phone No.: _____

Signature: _____ Date: _____

D). Application and Handling Equipment

Check the appropriate box

- o Existing or expanding facility with existing waste application equipment (WUP or I)
Animal waste application equipment specified in the plan has been either field calibrated or evaluated in accordance with existing design charts and tables and is able to apply waste as necessary to accommodate the waste management plan: (existing application equipment can cover the area required by the plan at rates not to exceed either the specified hydraulic or nutrient loading rates, a schedule for timing of applications has been established; required buffers can be maintained and calibration and adjustment guidance are contained as part of the plan).
- o New, expanded, or existing facility without existing waste application equipment for spray irrigation. (I)
Animal waste application equipment specified in the plan has been designed to apply waste as necessary to accommodate the waste management plan; (proposed application equipment can cover the area required by the plan at rates not to exceed either the specified hydraulic or nutrient loading rates; a schedule for timing of applications has been established; required buffers can be maintained; calibration and adjustment guidance are contained as part of the plan).
- o New, expanded, or existing facility without existing waste application equipment for land spreading not using spray irrigation. (WUP or I)
Animal waste application equipment specified in the plan has been selected to apply waste as necessary to accommodate the waste management plan; (proposed application equipment can cover the area required by the plan at rates not to exceed either the specified hydraulic or nutrient loading rates; a schedule for timing of applications has been established; required buffers can be maintained; calibration and adjustment guidance are contained as part of the plan).

Name of Technical Specialist (Please Print): _____

Affiliation _____ Date Work Completed: _____

Address (Agency): _____ Phone No.: _____

Signature: _____ Date: _____

E) Odor Control, Insect Control, Mortality Management and Emergency Action Plan (SD, SI, WUP, RC or I)

The waste management plan for this facility includes a Waste Management Odor Control Checklist, an Insect Control Checklist, a Mortality Management Checklist and an Emergency Action Plan. Sources of both odors and insects have been evaluated with respect to this site and Best Management Practices to Minimize Odors and Best Management Practices to Control Insects have been selected and included in the waste management plan. Both the Mortality Management Plan and the Emergency Action Plan are complete and can be implemented by this facility.

Name of Technical Specialist (Please Print): _____

Affiliation _____ Date Work Completed: _____

Address (Agency): _____ Phone No.: _____

Signature: _____ Date: _____

F) Written Notice of New or Expanding Swine Farm

The following signature block is only to be used for new or expanding swine farms that begin construction after June 21, 1996. If the facility was built before June 21, 1996, when was it constructed or last expanded _____.

I (we) certify that I (we) have attempted to contact by certified mail all adjoining property owners and all property owners who own property located across a public road, street, or highway from this new or expanding swine farm. The notice was in compliance with the requirements of NCGS 106-805. A copy of the notice and a list of the property owners notified are attached.

Name of Land Owner: _____

Signature: _____ **Date:** _____

Name of Manager (if different from owner): _____

Signature: _____ **Date:** _____

III. Certification of Installation

A) Collection, Storage, Treatment Installation

New, expanded or retrofitted facility (SI)

Animal waste storage and treatment structures, such as but not limited to lagoons and ponds, have been installed in accordance with the approved plan to meet or exceed the minimum standards and specifications.

For existing facilities without retrofits, no certification is necessary.

Name of Technical Specialist (Please Print): _____

Affiliation _____ Date Work Completed: _____

Address (Agency): _____ Phone No.: _____

Signature: _____ Date: _____

B) Land Application Site (WUP)

The cropping system is in place on all land as specified in the animal waste management plan.

Name of Technical Specialist (Please Print): _____

Affiliation _____ Date Work Completed: _____

Address (Agency): _____ Phone No.: _____

Signature: _____ Date: _____

C) Runoff Controls from Exterior Lots (RC)

Facility with exterior lots

Methods to minimize the run off of pollutants from lounging and heavy use areas have been installed as specified in the plan.

For facilities without exterior lots, no certification is necessary.

Name of Technical Specialist (Please Print): _____

Affiliation _____ Date Work Completed: _____

Address (Agency): _____ Phone No.: _____

Signature: _____ Date: _____

D) Application and Handling Equipment Installation (WUP or I)

- Animal waste application and handling equipment specified in the plan is on site and ready for use; calibration and adjustment materials have been provided to the owners and are contained as part of the plan.
- Animal waste application and handling equipment specified in the plan has not been installed but the owner has proposed leasing or third party application and has provided a signed contract; equipment specified in the contract agrees with the requirements of the plan; required buffers can be maintained; calibration and adjustment guidance have been provided to the owners and are contained as part of the plan.

Name of Technical Specialist (Please Print): _____

Affiliation _____ Date Work Completed: _____

Address (Agency): _____ Phone No.: _____

Signature: _____ Date: _____

E) Odor Control, Insect Control and Mortality Management (SD, SI, WUP, RC or I)

Methods to control odors and insects as specified in the Plan have been installed and are operational. The mortality management system as specified in the Plan has also been installed and is operational.

Name of Technical Specialist (Please Print): _____

Affiliation _____ Date Work Completed: _____

Address (Agency): _____ Phone No.: _____

Signature: _____ Date: _____

Please return the completed form to the Division of Water Quality at the following address:

**Department of Environment and Natural Resources
Division of Water Quality
Animal Feeding Operations Unit
1636 Mail Service Center
Raleigh, NC 27699-1636**

Please also remember to submit a copy of this form along with the complete Animal Waste Management Plan to the DWQ Regional Office and the local Soil and Water Conservation District Office and to keep a copy in your files with your Animal Waste Management Plan.