

**NPDES Notice of Intent (NOI)**  
**Concentrated Animal Feeding Operations(CAFO)**  
**ARG590000**

<b>I. GENERAL INFORMATION</b>		
A. TYPE OF BUSINESS	B. CONTACT INFORMATION	C. FACILITY OPERATION STATUS
Concentrated Animal Feeding Operation	Owner/or Operator Name _____  Address (No-POBOX) _____  Telephone: _____  Email _____  City _____ State: _____ Zip Code _____	<input type="checkbox"/> 1. Existing Facility  <input type="checkbox"/> 2. Proposed Facility
<b>D. FACILITY INFORMATION</b>  Name: _____ Telephone: _____  Address: _____  City: _____ State: AR Zip Code: _____  County: _____ Latitude: _____ Longitude: _____  If contract operation: Name of Integrator: _____ Address of Integrator: _____		
<b>II CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS</b>		
A. TYPE AND NUMBER OF ANIMALS	B. Manure, Litter, and/or Wastewater Production and Use	
	2. ANIMALS	
1. TYPE	NO. IN OPEN CONFINEMENT	NO. 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 calves)		
<input type="checkbox"/> Swine (55 lbs. or over)		
<input type="checkbox"/> Swine (under 55 lbs.)		
<input type="checkbox"/> Horses		
1. How much manure, litter, and wastewater is generated annually by the facility? .....tons ..... gallons  2. If land applied how many acres of land under the control of the applicant are available for applying the CAFOs manure/litter/wastewater? ..... acres  3. How many tons of manure or litter, or gallons of wastewater produced by the CAFO will be transferred annually to other persons? ..... tons/gallons ( <i>circle one</i> )		

<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. TOTAL ANIMALS			

C. ☐ TOPOGRAPHIC MAP

D. TYPE OF CONTAINMENT, STORAGE AND CAPACITY

1. Type of Containment	Total Capacity (in gallons)		
<input type="checkbox"/> Lagoon			
<input type="checkbox"/> Holding Pond			
<input type="checkbox"/> Evaporation Pond			
<input type="checkbox"/> Other: Specify _____			
2. Report the total number of acres contributing drainage: _____ acres			
3. Type of Storage	Total Number of Days	Total Capacity (gallons/tons)	
<input type="checkbox"/> Anaerobic Lagoon			
<input type="checkbox"/> Storage Lagoon			
<input type="checkbox"/> Evaporation Pond			
<input type="checkbox"/> Aboveground Storage Tanks			
<input type="checkbox"/> Belowground Storage Tanks			
<input type="checkbox"/> Roofed Storage Shed			
<input type="checkbox"/> Concrete Pad			
<input type="checkbox"/> Impervious Soil Pad			
<input type="checkbox"/> Other: Specify _____			

<b>E. NUTRIENT MANAGEMENT PLAN</b>  <b>Note: A permit application is not <u>complete</u> until a nutrient management plan (NMP) is submitted with NOI.</b>  1. Please indicate whether a nutrient management plan has been included with this permit application. <input type="checkbox"/> Yes <input type="checkbox"/> No (STOP)  2. Is a nutrient management plan being implemented for the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No  3. The date of the last review or revision of the nutrient management plan. Date: _____  4. If not land applying, describe alternative use(s) of manure, litter, and or wastewater: _____ _____	
<b>F. LAND APPLICATION BEST MANAGEMENT PRACTICES</b> Please check any of the following best management practices that are being implemented at the facility to control runoff and protect water quality:  <input type="checkbox"/> Buffers <input type="checkbox"/> Setbacks <input type="checkbox"/> Conservation tillage <input type="checkbox"/> Constructed wetlands <input type="checkbox"/> Infiltration field <input type="checkbox"/> Grass filter <input type="checkbox"/> Terrace	
<b>III. CERTIFICATION</b>	
<i>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.</i>	
A. Name and Official Title ( <i>print or type</i> )	B. Phone No. (     )
C. Signature	D. Date Signed

## INSTRUCTIONS

<p><b>GENERAL</b></p> <p><b>This form must be completed by all applicants</b> Exclusions are based on size and whether or not the facility discharges proposed to discharge. <i>See</i> the description of these exclusions in the CAFO permit and regulations at 40 CFR 122.23.</p> <p><b>Item I-A</b></p> <p>See the note above to be sure that your facility is a “concentrated animal feeding operation” (CAFO).</p> <p><b>Item I-B</b></p> <p>Use this space to give owner/operator contact information.</p> <p><b>Item I-C</b></p> <p>Check “proposed” if your facility is not now in operation or is expanding to meet the definition of a CAFO in accordance with the CAFO regulations at 40 CFR 122.23.</p> <p><b>Item I-D</b></p> <p>Use this space to give a complete legal description of your facility’s location including name, address, and latitude/longitude. Also, if a contract grower, the name and address of the integrator.</p> <p><b>Item II</b></p> <p>Supply all information in item II</p> <p><b>Item II-A</b></p> <p>Give the maximum number of each type of animal in open confinement or housed under roof (either partially or totally) which are held at your facility for a total of 45 days or more in any 12 month period. Provide the total number of animals confined at the facility.</p> <p><b>Item II-B</b></p> <p>Provide the total amount of manure, litter, and wastewater generated annually by the facility. Identify if manure, litter, and wastewater generated by the facility is to be land applied and the number of acres, under the control of the CAFO operator, suitable for land application. If the answer to question 3 is yes, provide the estimated annual quantity of manure, litter, and wastewater that the applicant plans to transfer off-site.</p> <p><b>Item II-C</b></p> <p>Check this box if you have submitted a topographic map of the entire operation, including the production area and land under the operational control of the CAFO operator where manure, litter, and/or wastewater are applied with Form 1.</p>	<p><b>Item II-D</b></p> <ol style="list-style-type: none"> <li>1. Provide information on the type of containment and the capacity of the containment structure (s).</li> <li>2. The number of acres that are drained and collected in the containment structure (s).</li> <li>3. Identify the type of storage for the manure, litter, and/or wastewater. Give the capacity of this storage in days.</li> </ol> <p><b>Item II-E</b></p> <p>Provide information concerning the status of submitting a nutrient management plan for the facility to complete the application. In those cases where the nutrient management plan has not been submitted, provide an explanation. If not land applying, describe the alternative uses of the manure, litter, and wastewater (e.g., composting, pelletizing, energy generation, etc.).</p> <p><b>Item II-F</b></p> <p>Check any of the identified conservation practices that are being implemented at the facility to control runoff and protect water quality.</p> <p><b>Item III</b></p> <p>The Clean Water Act provides for severe penalties for submitting false information on this application form.</p> <p>Section 309(C)(2) of the Clean Water Act provides that “Any person who knowingly makes any false statement, representation, or certification in any application. shall upon conviction, be punished by a fine of no more than \$10,000 or by imprisonment for not more than six months, or both.”</p> <p><b>Federal regulations require the certification to be signed as follows:</b></p> <ol style="list-style-type: none"> <li>A. For corporation, by a principal executive officer of at least the level of vice president.</li> <li>B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or</li> <li>C. For a municipality, State, federal, or other public facility, by either a principal executive officer or ranking elected official.</li> </ol>
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