# <u>NPDES Notice of Intent (NOI)</u> <u>Concentrated Animal Feeding Operations(CAFO)</u> <u>ARG590000</u>

I. GENERAL INFORMATION						
A. TYPE OF BUSINESS	B. CONTACT INFORMATION			C. FACILITY OPERATION STATUS		
Concentrated Animal Feeding Operation	Owner/or Operator Na	me		1. Existing Facility		
Feeding Operation	Address (No-POBOX)			□ 2. Proposed Facility		
	Telephone:					
	Email					
			Code			
		r				
D. FACILITY INFORMATIO						
Name: Telephone:						
Address:						
City:	State: AR Zip Code:					
County:	Latitude:Longitude:					
If contract operation: Name of	f Integrator:					
Address	s of Integrator:					
II CONCENTRATED AN	IMAL FEEDING OPE	RATION CHARACT	TERISTICS			
A. TYPE AND NUMBER OF ANIMALS B. Manure, Litter, and/or Wastewater Production and Use						
	2. ANIMALS		<ol> <li>How much manure, litter, and wastewater is generated annually by the facility?tons</li></ol>			
1. TYPE	NO. IN OPEN CONFINEMENT	NO. HOUSED UNDER ROOF	<ul><li>manure/litter/wastewater?</li></ul>	or litter, or gallons of waste-		
Mature Dairy Cows			to other persons? tons/gallons ( <i>circle one</i> )			
Dairy Heifers						
Veal Calves			-			
Cattle (not dairy or veal calves)						
Swine (55 lbs. or over)						
Swine (under 55 lbs.)			]			
🗅 Horses						

Sheep or Lambs						
Turkeys						
Chickens (Broilers)						
Chickens (Layers)						
Ducks						
C Other Specify						
3. TOTAL ANIMALS						
C. 🖵 TOPOGRAPHIC MAP						
D. TYPE OF CONTAINMENT, STORAGE AN	D CAPACITY					
1. Type of Containment	Total Capacity (in gallons)					
	Lagoon					
Holding Pond						
Evaporation Pond						
Other: Specify						
2. Report the total number of acres contributing drainage: acres						
3. Type of Storage	Total Number of Days	Total Capacity (gallons/tons)				
Anaerobic Lagoon						
Storage Lagoon						
Evaporation Pond						
Aboveground Storage Tanks						
Belowground Storage Tanks						
Roofed Storage Shed						
Concrete Pad						
Impervious Soil Pad						
Other: Specify						

## E. NUTRIENT MANAGEMENT PLAN

#### Note: A permit application is not complete until a nutrient management plan (NMP) is submitted with NOI.

1. Please indicate whether a nutrient management plan has been included with this permit application. 🗆 Yes 🗆 No (STOP)

2. Is a nutrient management plan being implemented for the facility?  $\Box$  Yes  $\Box$  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:

### F. LAND APPLICATION BEST MANAGEMENT PRACTICES

Please check any of the following best management practices that are being implemented at the facility to control runoff and protect water quality:

🗅 Buffers 🗅 Setbacks 🗅 Conservation tillage 🗅 Constructed wetlands 🖵 Infiltration field 🗅 Grass filter 🗅 Terrace

#### III. CERTIFICATION

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.

A. Name and Official Title ( <i>print or type</i> )	B. Phone No. ( )
C. Signature	D. Date Signed

### INSTRUCTIONS

GENERAL	Item II-D
This form must be completed by all applicants 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. Item I-A	<ol> <li>Provide information on the type of containment and the capacity of the containment structure (s).</li> <li>The number of acres that are drained and collected in the containment structure (s).</li> <li>Identify the type of storage for the manure, litter, and/or wastewater. Give the capacity of this storage in days.</li> </ol>
	3. Identify the type of storage for the manure, litter, and/or wastewater. Give
Item II-B         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.         Item II-C         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.	C. For a municipality, State, federal, or other public facility, by either a principal executive officer or ranking elected official.