

Signature

## DELAWARE DEPARTMENT of AGRICULTURE DELAWARE DEPARTMENT of NATURAL RESOURCES and ENVIRONMENTAL CONTROL



Date

## Delaware Concentrated Animal Feeding Operation (CAFO) NOTICE OF INTENT & Application for Coverage

CONTACT INFOR	PLEASE TYPE OR PRINT CLEARLY								
Name of applicant, operator, or person managing operation:									
Farm Name:					Type of Business:				
911 Emergency Farm Address or nearest intersection:				(Sole proprietorship, LLC, etc.)  County:					
City:		State:		Zip:		Watershed:			
Phone: ( )		Fax: ( )				Email:			
Operator's Address: ☐ Same as above									
OWNER'S CONTACT INFORMATION SAME AS ABOVE									
Owner's Name:				Phone: ( )					
Address:									
City:	State:			Zip Cod			ode:		
OPERATION INFORMATION:   ACRES UNDER CONTROL FOR MANURE APPLICATION:   N/A								□ N/A	
*For filling out the table below please read the following descriptions and refer to your Animal Waste Management Plan or Nutrient Management Plan for numbers concerning <b>Total Animals Confined</b> , <b>Annual Manure Generation</b> , <b>and Manure Storage Capacities</b> .									
Animal Types include: Chickens, Milked or Dry Mature Dairy Cows, all other Cattle, Horses, Laying Hens, Swine over 55 lbs., Swine under 55 lbs., Sheep or Lambs, Turkeys, Veal Calves, Ducks/dry, Ducks/wet, or Chickens using a liquid manure handling system.									
Manure Storage Facilities include: Roofed Sheds, Anaerobic Lagoons, above/below ground storage tanks, under floor pits, concrete pads, etc.									
Animal Mortality Systems include: Composters, Incinerators, Rendering, etc.									
Animal Type	Type Total Animals Confined		Annual Manure Generation (tons/gallons)		Manure age lity	Manure Sto Capacit (tons/gallo	y	Tons or gallons of Manure Exported Annually	Animal Mortality System
□ N/A □ Process Wastewater System:					Amount Generated Annually:gallons				
A copy of the farm's Nutrient Management Plan or Animal Waste Management Plan shall be submitted to the Department of Agriculture with this application. Please indicate below how the Plan will be submitted:									
□ Plan is attached. □ Plan will be mailed to address below or dropped off at the Department of Agriculture once updated to meet 2011 CAFO regulations.									
I certify under penalty of law that this NOI is completed to the best of my knowledge. I agree to implement a nutrient (NMP) or animal waste management plan (AWMP) in accordance with the requirements of a general CAFO permit. I understand that this NOI is not officially complete for consideration of CAFO NPDES permit coverage until submission of an AWMP and/or NMP is made to the Delaware Department of Agriculture. I certify as the owner or operator of the above facility to take primary responsibility for the actions and management of the facility. I give permission for NRCS or the Conservation District to release any needed data or maps concerning the farm above to the Delaware Department of Agriculture.									

**Printed Name**