



DELAWARE DEPARTMENT OF AGRICULTURE

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CAFO WITHDRAWAL OF NOI & APPLICATION

APPLICANT INFORMATION

Form with fields: Name: (Last, First), Mailing Address, Email, City, State, Zip Code, Phone

OWNER INFORMATION

Same as above.

Form with fields: Name: (Last, First), Mailing Address, Email, City, State, Zip Code, Phone

FARM INFORMATION

Form with fields: Farm Name, Farm Address, City, State, Zip Code, Animal Type, Total Number, Acres Under Control For Manure Application

REASONS FOR WITHDRAWAL

Form with checkboxes and fields: Farm is no longer in operation, Farm has been transferred to another person, Animal numbers are below CAFO requirements, New farm is no longer being constructed, Farm is not having a defined discharge that would require participation in the CAFO Program

I certify under penalty of law that this CAFO Withdrawal of NOI & Application is completed to the best of my knowledge. I fully understand that if the above-stated farm has more than 8 animal units that it is subject to, and required to comply with Delaware's Nutrient Management Law and Regulations. I certify as the owner or operator of the farm above to take primary responsibility for the actions and management of the farm. Additionally, I fully understand that by not obtaining General CAFO Permit coverage for a farm that is defined as a medium or large CAFO, any discharge of pollutants to waters of the State may put the farm at risk for litigation and/or penalties as provided state and federal law.

Signature

Date