



DELAWARE DEPARTMENT OF
AGRICULTURE

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



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

| | | | | | | |
|--|----------------------------|---|-------------------------------------|---|--|-----------------------------|
| (A) CONTACT INFORMATION | | PLEASE TYPE OR PRINT CLEARLY | | | | |
| (1) Name of applicant, operator, or person managing operation: | | | | | | |
| (2) Farm Name: | | | | Type of Business: (Sole proprietorship, LLC, etc.) | | |
| 911 Emergency Farm Address or nearest intersection: | | | | | | County: |
| (3) City: | | State: | | Zip: | | (4) Watershed: |
| (5) Phone: () | | Fax: () | | Email: | | |
| (6) Operator's Address: <input type="checkbox"/> Same as above | | | | | | |
| (B) OWNER'S CONTACT INFORMATION | | <input type="checkbox"/> SAME AS ABOVE | | | | |
| Owner's Name: | | | | Phone: () | | |
| Address: | | | | | | |
| City: | | State: | | | Zip Code: | |
| (C) OPERATION INFORMATION: | | <input type="checkbox"/> (1) ACRES UNDER CONTROL FOR MANURE APPLICATION: _____ <input type="checkbox"/> 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 Total Animals Confined, Annual Manure Generation, and Manure Storage Capacities. | | | | | | |
| 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. | | | | | | |
| (2) Animal Type | (3) Total Animals Confined | (4) Annual Manure Generation (tons/gallons) | (5) Type of Manure Storage Facility | (6) Manure Storage Capacity (tons/gallons) | (7) Tons or gallon of Manure Exported Annually | (8) Animal Mortality System |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| <input type="checkbox"/> N/A <input type="checkbox"/> 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: | | | | | | |
| <input type="checkbox"/> Plan is attached. | | <input type="checkbox"/> 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.

Signature _____

Printed Name _____

Date _____