



DELAWARE DEPARTMENT OF
AGRICULTURE

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CAFO WITHDRAWAL OF NOI & APPLICATION

APPLICANT INFORMATION

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

OWNER INFORMATION

☐ Same as above.

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

FARM INFORMATION

Farm Name:				
Farm Address:		City, State, Zip Code:		
Animal Type	Total Number	Animal Type	Total Number	
Poultry (capacity per flock)		Swine		
Dairy		Horse		
Beef		Other (Specify):		
Acres Under Control For Manure Application		Acres:		

REASONS FOR WITHDRAWAL

<input type="checkbox"/> Farm is no longer in operation.			
<input type="checkbox"/> Farm has been transferred to another person.	Name:	Phone:	
<input type="checkbox"/> Animal numbers are below CAFO requirements. (37,500 chickens, 25,00 layers, 200 dairy, 300 cattle, 3,000 swine, 150 horses)			
<input type="checkbox"/> New farm is no longer being constructed.			
<input type="checkbox"/> 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