

**Instructions Form GP-CAFO-01**  
**Notice of Intent (NOI) For Concentrated Animal Feeding Operation**  
**To Be Covered Under the NPDES General Permit**  
**ALL MARKED BOXES MUST BE FILLED. INCOMPLETE FORMS WILL NOT BE ACCEPTED**  
**FILING A NOTICE OF INTENT (NOI) FORM**

Under Federal Law, through the Clean Water Act, any point source discharge of pollutants to surface waters of the United States requires a permit. These permits are issued under the National Pollutant Discharge Elimination System (NPDES) program.

CAFOs are point sources subject to NPDES CAFO permitting requirements. Once an animal feeding operation (AFO) is defined as a CAFO for one type of animal, the NPDES requirements for CAFOs apply to all animals that are held in confinement at the operation and all manure, litter and process wastewater generated by those animals or the production of those animals. (Refer to *Delaware Regulations Governing the Control of Water Pollution 7 DE Admin. Code 7201 Subsection 9.5*).

Delaware law requires a permit for any Concentrated Animal Feeding Operation (CAFO). Permits are issued to large commercial operations that confine livestock in barns or pens for long periods of time and may discharge pollution into groundwater or surface water.

**\*CAFO operators must have and be implementing a Comprehensive Nutrient Management Plan (CNMP) prior to submitting the NOI form. The CNMP must be submitted with the NOI form.**

**SUBMIT THE NOI FORM TO:**

Delaware Department of Agriculture  
2320 South DuPont Highway Dover, DE 19901  
[Nutrient.management@delaware.gov](mailto:Nutrient.management@delaware.gov)

**COMPLETING THE FORM**

Type or print your responses in the appropriate fields. Abbreviate if necessary. Do not circle anything on the NOI and answers such as "Varies" or "reference CNMP" are invalid. **Failure to complete the form in full may result in a delay of permit coverage or return of the incomplete application form.**

**SECTION (A): CONTACT INFORMATION**

**NUMBER 1.**

Give the legal name of the entity/applicant which is applying for coverage.

**NUMBER 2.**

Enter the name of the farm which is applying for coverage and what type of business it is (Sole proprietor, LLC, etc.). Write in this information, do not circle anything on this form.

**NUMBER 3.**

Enter the address or nearest intersection of the farm applying for coverage. Include Address, County, City, State and Zip Code, in their corresponding boxes.

**NUMBER 4.**

Enter the corresponding watershed the applicant is channeling to. If unknown information can be found at [delawarewatersheds.org](http://delawarewatersheds.org)

**NUMBER 5.**

Enter the contact information (phone/fax/email) of the farm applying for coverage. If lacking one of these enter "NA" inside the corresponding box.

**NUMBER 6.**

Enter the farm operators address, if the Operator and Farm Address are the same check the "Same as above" box and enter "NA".

**SECTION (B): OWNER'S CONTACT INFORMATION**

If farm and owner have matching contact information, check the "SAME AS ABOVE" box and move on to section (C). If not the same, give the contact information of the operator which is applying for coverage. Enter full name, physical address, city, state, zip code and phone number.

**SECTION (C): OPERATION INFORMATION**

**NUMBER 1.**

If farm applies manure to owned land, mark "ACRES UNDER CONTROL..." box and enter the acres of land used for application, or else check "NA" box and move on to Number 2.

**NUMBER 2.**

Enter the Animal types listed on your CNMP. See examples of Animal Types in Part C.

**NUMBER 3.**

Enter the Total Animals Confined on your farm. This number should reflect the maximum capacity of your farm as written in your Comprehensive Nutrient Management Plan (CNMP). If the number of animals on your farm is more than 25% of the number in your CNMP, then a plan update is required.

**NUMBER 4.**

Enter the estimated Annual Manure Generation for the current year as stated in your CNMP. This estimated amount must match the amount in your CNMP yearly manure estimation table. Write the amount followed by either tons or gallons. Do not circle tons/gallons in the table heading.

**NUMBER 5.**

Enter what type of Manure Storage Facility your farm utilizes, see examples of storage facilities in Part C.

**NUMBER 6.**

Enter your farms total Manure Storage Capacity in either tons or gallons, Write this in the table. Do not circle the type of amount in the table heading. Your farm's Manure Storage Capacity is in your CNMP "Manure Storage" section. Enter the storage capacity for each manure facility listed. This number must match the total found in the CNMP.

New storage facilities, or sheds not listed in your CNMP, will require an update to your CNMP to reflect the capacity.

**NUMBER 7.**

Enter the amount of manure exported annually. If your farm exports all manure this number should be the same as the total manure generated.

**NUMBER 8.**

Enter your farms Animal Mortality System, examples of Animal Mortality Systems can be found in Part C.

**Additional information is available at**

[DNREC - Concentrated Animal Feeding Operations](#)  
[Delaware Department of Agriculture – CAFO Program](#)