



**PAG-12
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 GENERAL PERMIT FOR OPERATION OF
 CONCENTRATED ANIMAL FEEDING OPERATIONS
 NOTICE OF INTENT (NOI)**

Before completing this form, read the step-by-step instructions provided in the PAG-12 NOI package.

GENERAL INFORMATION			
1. NOI Type:	<input type="checkbox"/> New Coverage	<input type="checkbox"/> Renewal	<input type="checkbox"/> Amendment Permit No. _____
2. Operation Type:	<input type="checkbox"/> New	<input type="checkbox"/> Existing	<input type="checkbox"/> Expanding
3. Reason for NOI:	<input type="checkbox"/> CAO > 300 AEUs	<input type="checkbox"/> > 1,000 AEUs	<input type="checkbox"/> Large CAFO <input type="checkbox"/> Other
4. If the operation is proposed, list the date of anticipated commencement of operation as a CAFO:			
5. Name(s) of surface water(s) closest to the production area(s) and uses under Chapter 93:			
Surface Water Name	Existing Use	Designated Use	
6. Maximum Animal Population:	AEUs	7. AEUs/acre available for application:	
APPLICANT INFORMATION			
1. Organization Name		2. Employer ID# (EIN)	
3. Individual Last Name	First Name	MI	Suffix
4. Additional Individual Last Name	First Name	MI	Suffix
5. Mailing Address Line 1		Mailing Address Line 2	
6. Address Last Line – City	State	ZIP+4	Country
7. Applicant Contact Last Name	First Name	MI	Suffix
8. Applicant Contact Title	9. Phone	Ext	
10. Email Address			
11. The operation is under contract with the following company(ies) (i.e., integrator(s)):			
Integrator Name	Address		Phone

SITE INFORMATION						
1. Site (CAFO) Name			2. Total Area of Operation acres			
3. County Name		Municipality Name		City <input type="checkbox"/>	Boro <input type="checkbox"/>	Twp <input type="checkbox"/>
				State PA		
4. County Name		Municipality Name		City <input type="checkbox"/>	Boro <input type="checkbox"/>	Twp <input type="checkbox"/>
				State PA		
5. Site Location Address Line 1			Site Location Address Line 2			
6. Site Location City		State		ZIP+4		
7. Detailed Written Directions to Site						
8. Site Description (number and size of animal confinement structures)						
9. Production Area Latitude:			Longitude:			
10. Other Sites Related to This Operation (Satellite Farms):						
Satellite Farm Name		County	Municipality		Animals?	
ANIMAL INFORMATION						
List all animal types at the operation and provide the information requested.						
Animal Type	No. Open Confinement	No. Under Roof Confinement	Total No. Animals	Weight (lbs)	Production Days	AEUs
Total:						
MANURE AND NUTRIENT MANAGEMENT INFORMATION						
1. Date of Latest NMP Update Approval:			Crop Year(s):			
2. No. Acres Owned:		No. Acres Rented/Leased:		Total:		for Manure Application
3. Provide a detailed description of manure and agricultural wastewater management and uses on the operation.						

4. List all animal types that generate solid manure and provide the information requested.			
Animal Type	Amount Generated (Dry Tons/Year)	Amount Used on Operation (Dry Tons/Year)	Amount Exported from Operation (Dry Tons/Year)
Totals:			
5. Is solid manure stockpiled on the operation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe locations where manure is stockpiled: <input type="checkbox"/> Manure is stockpiled for less than 15 consecutive days. <input type="checkbox"/> Manure is stockpiled for 15 consecutive days or more under cover.			
6. List all animal types that generate liquid and semi-solid manure and provide the information requested.			
Animal Type	Volume Generated (Gallons/Year)	Volume Used on Operation (Gallons/Year)	Volume Exported from Operation (Gallons/Year)
Totals:			
7. Identify all agricultural process wastewater generated on the operation and provide the information requested. If the volume of the wastewater(s) is addressed in No. 6, check the box below and enter a description of the wastewater(s).			
Agricultural Process Wastewater Description	Volume Generated (Gallons/Year)	Volume Used on Operation (Gallons/Year)	Volume Exported from Operation (Gallons/Year)
Totals:			
<input type="checkbox"/> The volumes of agricultural process wastewater managed on the operation are incorporated into responses to No. 6. <input type="checkbox"/> There is no agricultural process wastewater generated on the operation.			
8. Describe the operation's method(s) for managing animal mortalities.			
9. Does the operation have feed storage facilities that are not under roof? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe measures taken to prevent discharges to surface waters:			
10. Is the application of manure during the winter period approved in the NMP? <input type="checkbox"/> Yes <input type="checkbox"/> No			

MANURE STORAGE FACILITY INFORMATION

1. List all manure storage facilities on the operation that are designed to contain **liquid and semi-solid manure** and provide the information requested.

Type (see Instructions)	Latitude			Longitude			Year Built	Maximum Capacity (Gallons)	Freeboard (ft)		Subsurface Drain?	Leak Detection?	Eng Cert?	WQM Permit?
	Deg	Min	Sec	Deg	Min	Sec			Required	Winter				

2. Describe all structures or locations used for the storage of **solid manure**.

3. Has an operation and maintenance (O&M) plan been developed for each manure storage facility listed above? Yes No

4. Describe any repairs or corrective action taken for the manure storage facilities listed above within the past 5 years.

OTHER INFORMATION			
1. Has an E&S Plan for plowing and tilling and/or Animal Heavy Use Areas been developed for all acres owned, rented or leased by the applicant?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Year Developed or Last Updated:			
2. If Yes to No. 1, does the E&S Plan reflect current agricultural practices and is it being implemented? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Does the operation include any Animal Heavy Use Area(s) (AHUAs)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. If Yes to No. 3, does the E&S Plan address practices to reduce erosion from the AHUA(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. Describe any biosecurity measures that are specific to the operation (or attach a biosecurity plan):			
EXISTING PERMITS			
Identify all environmental permits issued by DEP or EPA or are pending for this facility/project site within the past five years.			
Type of Permit	Permit No.	Date Issued	Issued By
COMPLIANCE HISTORY			
Was/Is the facility owner or operator in violation of any DEP regulation, permit, order or schedule of compliance at this or any other operation within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," list each permit, order or schedule of compliance and provide current compliance status. Use additional sheets to provide information on all permits.			
Permit Program:		Permit No.:	
Brief Description of Non-Compliance:			
Steps Taken to Achieve Compliance		Date(s) Compliance Achieved	
Current Compliance Status: <input type="checkbox"/> In Compliance <input type="checkbox"/> In Non-Compliance			
CERTIFICATION			
I certify under penalty of law and subject to the penalties of 18 Pa. C.S. Section 4904 (relating to unsworn falsification to authorities) that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I further attest that the operation described herein is eligible for coverage under DEP's PAG-12 General Permit. I certify that I will abide by the terms and conditions of the General Permit. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			

Applicant Name (type or print legibly)

Official Title

Applicant Signature

Date Signed