ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
FIELD OPERATIONS DIVISION NPDES ANNUAL NOTICE OF REGISTRATION (NOR)

ALA000000 – CONCENTRATED ANIMAL FEEDING OPERATION (CAFO) CONSTRUCTION, OPERATION, CLOSURE, AND ASSOCIATED AREAS – ADEM ADMINISTRATIVE CODE CHAPTER 335-6-7.

PLEASE READ THE ACCOMPANYING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM. COMPLETE ALL QUESTIONS. RESPOND WITH "N/A" AS APPROPRIATE. INCOMPLETE OR INCORRECT ANSWERS, OR MISSING SIGNATURES WILL DELAY AUTHORIZATION. IF SPACE IS INSUFFICIENT, CONTINUE ON AN ATTACHED SHEET(S) AS NECESSARY.
PLEASE TYPE OR PRINT IN INK.

ADEM/SWCD/ASWCC Use Only

Date Operator Received NOR Form _____ Date SWCD Provided NOR Completion Assistance _____

Date NRCS Provided NOR Completion Assistance _____ Date SWCD Received Signed/Completed NOR _____

Date ASWCC Received Completed NOR _____ ADEM ALA_____ FEE AMOUNT _____

I. REGISTRANT INFORMATION Initial Registration: ☐ Annual Re-Registration: ☐ Major Modification: ☐

Registrant Name	Facility/Operation Name	
Owner/Operator Responsible Official and Title	Facility Contact and Title	
Registrant Mailing Address	Facility Street Address or Location Description	
City State Zip	City State Zip	
Business Phone Number	Facility Phone Number	Fax Number
Responsible Official Street/Physical Address & Phone Number		Email Address
Registered Agent Name, Address, & Phone Number		
List The Name And Certification Number Of Any Certified Animal Waste Vendor(s) (CAWVs) Utilized in Previous 12 Months:		
List The Name, Phone Number, And Address of Owner of Animals Confined Onsite: _____		

II. LEGAL STRUCTURE OF REGISTRANT

☐ Corporation ☐ Association ☐ Individual ☐ Single Proprietorship ☐ Partnership ☐ LLC

☐ Government Entity _____ ☐ Other _____ ☐ Other _____

(Y) ☐ (N) ☐ If not an Individual or Sole Proprietorship, registrant is properly registered and in good standing with the Alabama Secretary of State's office. If "No", please explain: _____

Parent Corporation and Subsidiary Corporations of Registrant, if any: _____

III. VIOLATION HISTORY

Identify every Warning Letter, Notice of Violation (NOV), Administrative Order, Directive, or litigation filed by ADEM or EPA during the three year (36 months) period preceding the date on which this form is signed by the registrant, parent corporation, subsidiary, or LLC Member. Indicate the date of issuance, briefly describe alleged violations, list actions (if any) to abate alleged violations, and indicate date of final resolution:

_____

_____

IV. PROPOSED SCHEDULE OF OPERATIONS

If New Facility, List Proposed Startup Date: _____ If Existing Facility, List Original Startup Date: _____

If Expanding, List Proposed Expansion Date: _____

V. OTHER PERMITS/AUTHORIZATIONS

List any other NPDES or other environmental permits, authorizations, or certifications that have been applied for or issued within the State by ADEM, EPA or other Agency to the registrant, parent corporation, subsidiary, or LLC member for this facility (include permit numbers):

_____

VI. REGISTRANT OWNED, LEASED, OR CONTROLLED LAND APPLICATIONS SITES

Field ID	Owned Or Leased	~ Size In Acres	County	Township(s), Range(s), ¼ Section(s)	Last Date Soil Tested	Recommended N	P Results

VII. STRUCTURE INFORMATION (Production Building, Confinement Area, Storage Pit, Storage Barn, Lagoon, Composter, Tank, Etc.)

Type	Date Constructed	~ Size Or Volume	Latitude (Deg-Min-Sec)	Longitude (Deg-Min-Sec)	Distance To Nearest Dwelling, Church, School, Hospital, or Park	Nearest Distance To Property Line

VIII. ANIMAL INFORMATION

Operation	Number & Type of Confinement Buildings/Areas	Maximum Number Animals Present At Any Time During Previous 12 Months	Maximum Number Animals planned At Any Time For The Next 12 Months	Maximum Design Capacity
Mature Dairy Cows (Dry)				
Mature Dairy Cows (Milked)				
Confined Beef Cattle, Bulls, Calves				
Mature Swine Sows				
Mature Swine Boars				
Other Swine > 55 lbs.				
Swine < 55 Lbs.				
Poultry With Liquid Waste				
Poultry With Dry Litter Waste				
Turkeys				
Ratites – List Type:				
Ducks				
Horses				
Goats				
Sheep or Lambs				
Other				

IX. ACTIVITY DESCRIPTION

Facility Location: 11 Digit Hydrologic Unit Code (HUC) _____

County(s) _____ Township(s), Range(s), ¼ Section(s) _____

Latitude _____ & Longitude _____ (in deg-min-sec) for front gate of the facility.

7.5 minute series U.S.G.S. Topographic Map Name(s) where facility is located _____

Directions To Site From Nearest Named City _____

_____

	Yes	No	
(a)	☐	☐	Is this facility an existing facility which is currently in operation ?
(b)	☐	☐	Is this facility a proposed facility which has not been constructed or operated ?
(c)	☐	☐	Has this facility experienced an unpermitted point source discharge to state water(s) after April 1, 1999 ?
(d)	☐	☐	Has this facility experienced an unpermitted nonpoint source discharge to state water(s) after April 1, 1999 ?
(e)	☐	☐	Is this facility a proposed facility which has been constructed but not yet operated ?
(f)	☐	☐	Is this facility located in the Coastal Zone (within the 10-foot contour line in Mobile or Baldwin County) ?
(g)	☐	☐	Is this facility located within any 100-year flood plain?
(h)	☐	☐	Will this facility discharge to Municipal Sewage Treatment Plant (STP) or system?
(i)	☐	☐	Is this facility located on Indian/ historically significant lands?

X. FACILITY INFORMATION - Check All that may apply

☐ Pre-Construction Logging or Land Clearing ☐ Creek/Stream Crossings ☐ Grading, Clearing, Grubbing, etc.

☐ Waterbody Relocation or Other Alteration ☐ Dirt or other material Borrow Pits/Areas

☐ Other (Describe): _____ ☐ Other (Describe): _____

Narrative Description of the Operation: _____

_____

Describe all of the methods proposed to be or currently being used for processing wastes/wastewater (i.e. dry storage facility, flushing to holding ponds/sumps, land application, etc.):

_____

_____

Describe measures to be utilized to avoid direct contact of animals confined or concentrated in the facility with flowing surface waters or waters of the State (e.g. streams, rivers, canals):

_____

_____

XI. POTENTIAL RECEIVING WATERS ADJACENT TO OR IN CLOSE PROXIMITY TO FACILITY – Check All that apply

Stream or Water Body Name	~ Distance to confinement & waste structures, etc.	ADEM CWA 303(d) Listed	ADEM CWA 305(b) Listed	Classified as ONRW	Classified as OAW

XII. FUEL - CHEMICAL HANDLING, STORAGE & SPCC PLAN

Will fuels, fertilizer, or other chemicals be used or stored onsite? ☐ Yes ☐ No If "yes", identify and indicate amount below:

Capacity	Contents	Capacity	Contents	Capacity	Contents
_____ gallons	_____	_____ gallons	_____	_____ gallons	_____
_____ gallons	_____	_____ gallons	_____	_____ gallons	_____

XIII. MAP SUBMITTAL

Attach to this NOR a 7.5 minute series U.S.G.S. topographic map(s) or equivalent map(s) no larger than, or folded to a size of 8.5 by 11 inches (several pages may be necessary) of the area extending to at least one mile around the facility. The topographic or equivalent map(s) must include a caption indicating the name of the topographic map, name of the registrant, facility name, county, and township, range, & section(s) where the facility is located. Unless approved in advance by the Department, the topographic or equivalent map(s), at a minimum, must show:

(a) an outline of legal boundary of entire property (b) an outline of the facility
(c) all existing and proposed disturbed areas (d) confinement buildings/pens
(e) perennial, intermittent, and ephemeral streams (f) lakes, springs, water wells, wetlands
(g) all known facility dirt/improved access/haul roads (h) all surrounding unimproved/improved roads
(i) high tension power lines and railroad tracks (j) buildings and structures
(k) contour lines, township-range-section lines (l) drainage patterns
(m) tanks, chemical storage, feed/silage storage (n) Waste storage/treatment structures (lagoons, pits, composter, etc.)

XIV. WASTE MANAGEMENT PRACTICES

Yes No

(a) ☐ ☐ Has a Waste Management System Plan (WMSP) been prepared for the confinement buildings and waste storage/treatment areas ?
_____ If "yes" please list date prepared and bring copy with NOR.

(b) ☐ ☐ Has the WMSP been implemented and maintained as planned and designed ?

(c) ☐ ☐ Does the WMSP include a Nutrient Management component for land application areas ?

(d) ☐ ☐ Have Major Modifications to the operation or waste management system occurred since the current WMSP was completed ?

(e) ☐ ☐ Was the WMSP prepared by QCP If "yes" please list name of the QCP who prepared the plan:
Date: _____ QCP: _____ If NRCS, NRCS local office initials (to be completed by NRCS staff): _____

(f) ☐ ☐ Has the WMSP been reviewed/revised/updated since initial preparation ? If "yes" please list the name of the QCP who reviewed/revised/updated plan and the date plan was last reviewed/revised/updated:
Date: _____ QCP: _____ If NRCS, NRCS local office initials (to be completed by NRCS staff): _____

(g) ☐ ☐ Has the WMSP construction & operational plan been completed and certified by a QCP ? If "yes" please list the name of the QCP who certified that the completed WMSP construction & operational plan meets or exceeds NRCS technical standards & guidelines:
Date: _____ QCP: _____ If NRCS, NRCS local office initials (to be completed by NRCS staff): _____

_____ Date of last inspection by NRCS staff

_____ Date of last inspection by a QCP Name of QCP who performed inspection _____

_____ Date of last inspection by a Professional Engineer (PE) or QCP under the PE's direct supervision

_____ Name of PE or directly supervised QCP who performed inspection

Provide summary of any deficiencies observed and corrective action taken as a result of the inspection(s):

_____

Type Of Animal Mortality Management (Burial, Composter, Incineration, Rendering, Etc.): _____

Approximate Tons of Dry Waste And/Or Gallons of Liquid Waste To Be Utilized Or Disposed Of Properly Annually: _____

Waste/Wastewater is regularly analyzed, or are NRCS average values used in Nutrient Management Planning ? _____

If analyzed list most recent results: Date_____ pH_____ Tot N_____ NH_4_____ Tot P_____ % Solids_____

XV. WELL INFORMATION – List All Wells (Type: Domestic, Irrigation, Animal Watering, etc.) within 1,320 Feet Of Facility

Type	Active Or capped	Onsite	Offsite	Depth	Distance And Direction To nearest Confinement or Waste Structure

XVI. CONTINUING EDUCATION & TRAINING

Course/Training Name	Hours	Date	Sponsor/Instructor	Content Description

XVII. INFORMATION AVAILABILITY

Yes ☐ No ☐

Permission is hereby granted to the appropriate County Soil & Water Conservation District (SWCD) Office, NRCS, ACES, and ADAI to make available WMSP information and other relevant information as needed to ADEM for the purpose of completing this NOR and ensuring compliance with the ADEM CAFO program. I understand that responding "no" may delay ADEM review and approval of this request for registration and will require submittal of the necessary requested information directly to ADEM.

XVIII. ADDITIONAL COMMENTS OR INFORMATION

XIX. INSTRUCTIONS

Please contact your local County Soil & Water Conservation District Office or the Department prior to submittal with any questions, if you need assistance, or to request acceptable alternate content/format. Be advised that you are not authorized to commence new or expanded regulated activity after April 1, 1999 until this NOR is processed and authorization to proceed is received in writing from the Department.

Unless required in writing by the Department, EPA forms 1, 2C, 2D, & 2F need not be completed for authorization under the NPDES Registration provided proposed activities described in this NOR for this facility qualify for coverage under the rules.

Complete this form, attach WMSP (if available), attach additional information as necessary, attach appropriate registration fee, and bring to your local County Soil & Water Conservation District Office to begin registration process.

Additional Information (If Available) Which Will Assist Timely Review And Registration Approval:

1. Detailed Facility Map or Drawing
2. Soil Map, Flood Map, or Other Maps
3. List/Maps of Offsite Land Application Areas
4. Buffer Distance Documentation
5. Copies of Soil Tests
6. Copies of Waste/Wastewater Analyses
7. Copies of Continuing Education Certificate/Attendance
8. Recent Aerial Photograph

Field Operations Division - MNPS
Alabama Department of Environmental Management
Phone: (334) 394-4311
Fax: (334) 394-4326

PO Box 301463
Montgomery, AL 36130-1463

Email: mnps@adem.state.al.us

1400 Coliseum Boulevard
Montgomery, AL 36110-2059

Microsoft WORD 97, HP 5SiMx Print Driver

Internet Web Page: www.adem.state.al.us

XX. OTHER RESPONSIBLE OFFICIALS

Please list the name, phone number, and address of any other responsible official(s) of the registrant with legal or decision making responsibility or authority for the facility, and if different from the owner/operator, the name, address, telephone number, and contact person for the entity who owns or has an ownership interest in the animals present at the facility, and animal feed or chemicals stored at the facility:

_____

_____

XXI. RESPONSIBLE OFFICIAL SIGNATURE

This NOR must be signed by a Responsible Official of the registrant who is the owner, the sole proprietor of a sole proprietorship, a general member or partner, a ranking elected official or other duly authorized representative for a unit of government; or an executive officer of at least the level of vice-president for a corporation, having overall responsibility for the operation of the facility.

"I certify under penalty of law that this document, any Waste Management System Plan (WMSP), 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 the qualified credentialed professional (QCP) or other persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment for knowing violations.

I understand that after April 1, 1999 every animal feeding operation (AFO) is required to fully implement and maintain Best Management Practices (BMPs) that meet or exceed USDA Natural Resources Conservation Service (NRCS) technical standards and guidelines to ensure the protection of groundwater and surface water quality. I further understand that a comprehensive WMSP documenting the BMPs that meet or exceed NRCS technical standards and guidelines must be prepared and certified by a qualified credentialed professional (QCP) prior to commencement of new or additional animal confinement/feeding and land application of waste/wastewater and according to ADEM Admin. Code Rule 335-6-7-.13. I understand that the purpose of preparing, implementing, and operating according to the WMSP is to ensure the prevention and minimization to the maximum extent practicable the introduction of all sources of pollution in stormwater and to prevent the discharge of any process waste/wastewater to groundwater or any surface water of the State. The WMSP for this facility has been or will be prepared and/or updated at my direction under the supervision of a QCP using NRCS technical standards and guidelines. The registrant is advised that appropriate pollution abatement/prevention facilities and structural/nonstructural BMPs or Department approved equivalent BMPs as described in the proposed plan must be fully implemented and regularly maintained as needed at the facility in accordance with good engineering and nutrient management practices and ADEM requirements. I understand that the registrant is fully responsible for the proper transport, land application, or ultimate storage of all wastes unless responsibility for wastes is properly assumed by a CAWV or sold in good faith with detailed records kept. I understand that facilities that permanently cease operation must ensure proper closure according to NRCS technical standards and guidelines.

I understand that detailed records of my regulated operations must be maintained and may be requested by ADEM. I understand that regular inspections must be performed by the undersigned or under the supervision of the undersigned, and that regular inspections must be performed by, or under the direct supervision of, a qualified credentialed professional and all appropriate structural & nonstructural BMPs or Department approved equivalent BMPs identified by the QCP must be fully implemented prior to and concurrent with commencement of regulated activities and regularly maintained as needed at the facility in accordance with the requirements of ADEM Admin. Code Chapter 335-6-7. I understand that failure to fully implement and regularly maintain the BMPs required in the WMSP for the protection of water quality may subject the registrant to appropriate enforcement action.

I certify that this form has not been altered, and if copied or reproduced, is consistent in format and identical in content to the ADEM approved form."

Name and Official Title (type or print) _____

Signature _____ Date Signed _____