

New York State Department of Environmental Conservation

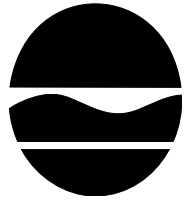
Division of Water

Bureau of Water Permits, 4th Floor

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INSTRUCTIONS

For Completion of the

CHANGE OF PERMIT STATUS FORM

GENERAL PERMIT (GP-0-09-001)

State Pollutant Discharge Elimination System (SPDES)

Concentrated Animal Feeding Operations (CAFOs)

This Change of Status Form must be completed by the owner or operator of any “Concentrated Animal Feeding Operation” (CAFO) at least 15 days prior to any of the following:

Facility Size Change.

Facility Expansion. Facility expansion means

1. a Medium CAFO constructs and operates an expansion physically contiguous to the existing Medium CAFO that, in conjunction with the existing Medium CAFO, meets the definition of Large CAFO specified in the general permit **AND** has fully implemented all necessary practices for full compliance with this general permit. Or,
2. a Medium CAFO constructs and operates an expansion that is not physically contiguous to the existing Medium CAFO but does co-mingle nutrients that, in conjunction with the existing Medium CAFO, meets the definition of Large CAFO specified in the general permit **AND** has fully implemented all necessary practices for full compliance with this general permit.

Facility Downsize. Facility downsize means a Large CAFO that no longer has, or plans to have, the animals required for a Large CAFO and is now a Medium CAFO. When a medium CAFO downsizes to an AFO a Notice of Termination Form shall be submitted to the Department.

Facility Transfer. Facility transfer means the owner/operator or legally responsible party for a facility has changed. Both the current and former owners/operators/responsible parties must sign and submit this Change of Status form.

Facility Consolidation. Facility consolidation means two or more permitted facilities are being consolidated for coverage under one Comprehensive Nutrient Management Plan and one permit authorization number. The responsible party for each of the previously permitted facilities must sign this form indicating the appropriate authorization number, facility contact information and owner/operator/responsible party.

Other. This Change of Status Form shall be used to notify the Department of other facility changes that impact permit coverage, facility or owner/operator contact information or other changes of status.

CHANGE OF STATUS FORM
GENERAL PERMIT (GP-0-09-001)
State Pollutant Discharge Elimination System (SPDES)
Concentrated Animal Feeding Operations (CAFOs)

DEC AUTHORIZATION No. (DEC Use Only): _____
SPDES No. (DEC Use Only): _____

SECTION I: REASON FOR SUBMITTAL - CHECK THE BOX THAT APPLIES TO YOUR OPERATION

- Facility Expansion** means a Medium CAFO constructs and operates an expansion physically contiguous to the existing Medium CAFO that, in conjunction with the existing Medium CAFO, meets the definition of Large CAFO specified in the general permit **AND** has fully implemented all necessary practices for full compliance with this general permit. Complete Section II.
- Facility Downsize** means a Large CAFO that no longer has, or plans to have, the animals required for a Large CAFO and is now a Medium CAFO. When a medium CAFO downsizes to an AFO a Notice of Termination Form shall be submitted to the Department.
- Facility Transfer** means the owner/operator or legally responsible party for a facility has changed. Both the current and former owners/operators/responsible parties must sign and submit this Change of Status form.
- Facility Consolidation** means two or more permitted facilities are being consolidated for coverage under one Comprehensive Nutrient Management Plan and one permit authorization number. The responsible party for each of the previously permitted facilities must sign this form indicating the appropriate authorization number, facility contact information and owner/operator/responsible party.
- Other** explain (attach additional sheets if necessary).

SECTION II: FACILITY INFORMATION
(Complete as applicable)

NEW/ MAIN FACILITY LOCATION INFORMATION

NEW OWNER/OPERATOR CONTACT INFORMATION

Facility Name: _____

Owner/Operator Name: _____

Street or P.O. Box: _____

Street or P.O. Box: _____

City/Town/Village: _____

City/Town/Village: _____

State: _____

State: _____

Zip Code: _____

Zip Code: _____

County: _____

Telephone No.: _____

Telephone No.: _____

Fax No.: _____

Fax No.: _____

E-Mail (optional): _____

E-Mail (optional): _____

DEC AUTHORIZATION No.: _____

SPDES No.: _____

PREVIOUS FACILITY LOCATION INFORMATION**PREVIOUS OWNER/OPERATOR CONTACT INFORMATION**

Facility Name: _____

Owner/Operator Name: _____

Street or P.O. Box: _____

Street or P.O. Box: _____

City/Town/Village: _____

City/Town/Village: _____

State: _____

State: _____

Zip Code: _____

Zip Code: _____

County: _____

Telephone No.: _____

Telephone No.: _____

Fax No.: _____

Fax No.: _____

E-Mail (optional): _____

E-Mail (optional): _____

PREVIOUS DEC AUTHORIZATION No.: _____

PREVIOUS SPDES No.: _____

SECTION III: DESCRIPTION OF ANIMALS MANAGED

Give the maximum number of each type of animal in open confinement or housed under roof (either partially or totally) which are held at your facility for a total of 45 days or more in any 12-month period:

Type	Number in Confinement
Mature Dairy Cattle (milked or dry)	
Dairy Heifers	
Veal Calves	
Other Cattle	
Swine (55 lbs. or more)	
Swine (under 55 lbs.)	
Horses	
Sheep or Lambs	
Turkeys	
Chickens (broilers)	
Chickens (layers)	
Ducks	
Other (specify)	

SECTION IV: CAFO FACILITY INFORMATION

1. Total production area (specify square feet or acres). **Do not** include pasture land (areas used for grazing) or areas for growing crops: _____
2. Has a Comprehensive Nutrient Management Plan, developed in accordance with “**NRCS Conservation Practice Standard No. NY312**” been prepared for this facility by an Agricultural Environmental Management (AEM) certified Planner?

_____ Yes _____ No

3. Has the facility fully implemented all required practices in the Comprehensive Nutrient Management Plan?

_____ Yes _____ No

If no, when will full implementation be reached? _____

4. Does this facility have one or more waste storage structures? (excluding underbarn storages)

_____ Yes _____ No

If yes, for **each** structure describe the following (for multiple storages, attach additional copies of this page for each additional waste storage structure):

- a. Was the structured designed and constructed in accordance with all applicable NRCS standards?

_____ Yes _____ No

- b. If no, has the structured been evaluated by a Professional Engineer currently licensed to practice in New York State in accordance with the “AEM Tool for the Evaluation of Undesigned Waste Storage Facilities”?

_____ Yes _____ No

- c. Is the structure being maintained to store the volume of runoff from a 25-year, 24-hour storm event?

_____ Yes _____ No

- d. If no, explain.

- e. Describe the location and dimensions of the structure:

- f. Describe the nearest, down-gradient waterbody that would likely receive any potential discharge from the structure (stream, pond, lake, wetland), give the name of receiving stream(s) or lake(s) to which the facility would discharge during an excessive storm event, and the distance from the storage facility to the surface water:

5. Description of any recent (within last 5 years) compliance actions by the Department against this facility. (ECO ticket, notice of violation, consent order, etc.)

6. List any other DEC permit(s) required or issued for this facility, *if any*: NY _____ NY _____

SECTION V: OWNER/OPERATOR CERTIFICATION

Current Owner/Operator/Responsible Party

I certify under penalty of law 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

In addition, I certify that I am the owner/operator/responsible party for this facility.

Name (please print or type) Signature Date

Former Owner/Operator/Responsible Party

I certify under penalty of law that I am no longer the owner/operator/responsible party for this facility.

Name (please print or type) Signature Date

SECTION VI: PLANNER CERTIFICATION I hereby certify that:

I am an Agricultural Environmental Management (AEM) Planner certified to develop and review Comprehensive Nutrient Management Plans (CNMPs) for Concentrated Animal Feeding Operations (CAFOs) in New York State.

The Comprehensive Nutrient Management Plan (CNMP) developed for this operation is in full conformance with the requirements of "NRCS Conservation Practice Standard No. NY312" and New York State General Permit for Concentrated Animal Feeding Operations, under authority of the New York State Pollutant Discharge Elimination System.

I have reviewed the Comprehensive Nutrient Management Plan (CNMP) with the current owner and/or operator responsible for the proper operations of this CAFO.

Name (please print or type) Signature Date