

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Water

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CHANGE OF OPERATION

State Pollutant Discharge Elimination System (SPDES) CWA General Permit (GP-0-19-001) for Concentrated Animal Feeding Operations (CAFOs)

DEC Facility ID No. (DEC Use Only): _____

Current SPDES ID No.: _____

Under the CAFO CWA general permit this form is applicable to a facility transfer only. **Facility Transfer** means the owner/operator or legally responsible party for a facility has changed.

- Both the current and former owners/operators/responsible parties and the new responsible parties' planner must sign this Change of Operation form.

SECTION I: FACILITY INFORMATION

| NEW/CURRENT FACILITY INFORMATION | NEW/CURRENT OWNER/OPERATOR INFORMATION |
|---|---|
| Facility Name: | Owner/Operator: |
| Address: | Owner/Operator Contact Name (if different from Owner/Operator): |
| City/Town/Village: | Address: |
| State: | City/Town/Village: |
| Zip Code: | State: |
| County: | Zip Code: |
| Facility/NMP Contact Name: | Telephone No: |
| Telephone No: | Fax No: |
| Fax No: | E-Mail: |
| E-Mail: | Tax ID No (not required for individuals): |

| PREVIOUS FACILITY INFORMATION | PREVIOUS OWNER/OPERATOR INFORMATION |
|--------------------------------------|---|
| Facility Name: | Owner/Operator: |
| Address: | Owner/Operator Contact Name (if different from Owner/Operator): |
| City/Town/Village: | Address: |
| State: | City/Town/Village: |
| Zip Code: | State: |
| County: | Zip Code: |
| Facility/NMP Contact Name: | Telephone No: |
| Telephone No: | Fax No: |
| Fax No: | E-Mail: |
| E-Mail: | Tax ID No (not required for individuals): |

SECTION II: PLANNER CERTIFICATION

I am an Agricultural Environmental Management Planner certified to develop and review Comprehensive Nutrient Management Plans (NMPs) for Concentrated Animal Feeding Operations (CAFOs) in New York State. The NMP that has been developed for this operation is in full conformance with the requirements of the New York State Pollutant Discharge Elimination System General Permit for CAFOs. I have reviewed the current NMP with the owner and/or operator responsible for implementation of the NMP and compliance with the requirements of the New York State Pollutant Discharge Elimination System General Permit for CAFOs.

I certify under penalty of law that the NMP updates reflect all changes in operation as identified in this Change of Operation form, 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.

Name (please print or type)

Signature

Date

SECTION III: OWNER/OPERATOR CERTIFICATION

New/Current Owner / Operator / Responsible Party

To the best of my knowledge, the Comprehensive Nutrient Management Plan (NMP) that has been developed for this operation is in full conformance with the requirements of the New York State Pollutant Discharge Elimination System General Permit for Concentrated Animal Feeding Operations (CAFOs).

I certify under penalty of the law that I am the owner/operator of this CAFO. As the owner/operator of this CAFO, I am responsible for implementation of the NMP and compliance with the requirements of the New York State Pollutant Discharge Elimination System General Permit for CAFOs.

I certify under penalty of law that this Change of Operator form 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.

Name (please print or type)

Signature

Date

Previous 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