

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Water

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www.dec.ny.gov

CHANGE OF OPERATION

State Pollutant Discharge Elimination System (SPDES) ECL General Permit (GP-0-22-001) for Concentrated Animal Feeding Operations (CAFOs)

Current SPDES ID No.: _____

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

- ☐ Facility Transfer means the owner/operator or legally responsible party for a facility has changed. Please complete Sections I, II, and III. The new owner/operator must sign the Owner/Operator Certification; the previous owner/operator must sign the Previous Owner/Operator Certification; and the new AEM certified planner must sign the CNMP Certification, all available at: <https://www.dec.ny.gov/permits/6285.html>. These documents must be uploaded and attached to this form prior to submission.
- ☐ Planner Change – Change in the planner of record for the CAFO. Please complete Sections I, II, and III. The new AEM certified planner must sign the New AEM Certified Planner Certification form available at: <https://www.dec.ny.gov/permits/6285.html>. This document must be uploaded and attached to this form prior to submission.
- ☐ Facility Expansion – This facility plans to increase its animal numbers by 20% or more from the current animal numbers identified as in confinement at the facility in the last Annual Compliance Report, NOI, or Request to Continue Coverage (whichever was submitted last). Please complete Sections I, II, and III. The current owner/operator must sign the Owner/Operator Certification and the AEM certified planner must sign the CNMP Certification, both available at: <https://www.dec.ny.gov/permits/6285.html>. These documents must be uploaded and attached to this form prior to submission.
- ☐ Waste Storage – Facility is constructing or expanding a liquid waste storage facility. Please complete Sections I, II, III, and IV. The current owner/operator must sign the Owner/Operator Certification and the AEM certified planner must sign the CNMP Certification, both available at: <https://www.dec.ny.gov/permits/6285.html>. These documents must be uploaded and attached to this form prior to submission.
- ☐ Acquired Facility – Within 30 calendar days of an existing, compliant, permitted CAFO acquiring a new AFO or CAFO operation, the owner/operator of the acquiring CAFO must submit this Change of Operation form. Please complete Sections I, II, and III. The owner/operator of the acquired facility must sign the Previous Owner/Operator Certification form available at: <https://www.dec.ny.gov/permits/6285.html>. This document must be uploaded and attached to this form prior to submission. The acquired facilities permit coverage will automatically terminate upon receipt of this COO. NOTE: The Owner/Operator and the AEM Certified Planner for the CAFO acquiring the facility, do not need to sign the Owner/Operator and CNMP Certifications, as a CNMP Certification form is required to be submitted within 6 months of acquisition and after all required non-structural BMPs are implemented.
- ☐ Change in On Farm Contact – The identified individual(s) at the CAFO who is responsible for the implementation, maintenance, and revision of the CNMP in conjunction with an AEM certified planner. Please complete Sections I and II.

SECTION II: FACILITY and OWNER/OPERATOR INFORMATION

(All CAFOs must complete New/Current Facility and Owner/Operator Information. The Owner/Operator information is the legally responsible party for the operation of the CAFO. CAFOs changing ownership must also provide the Previous Facility and Owner/Operator 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/CNMP Contact Name:	Telephone No:
Telephone No:	Fax No:
Fax No:	E-Mail:
E-Mail:	DOS 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/CNMP Contact Name:	Telephone No:
Telephone No:	Fax No:
Fax No:	E-Mail:
E-Mail:	Tax ID No (not required for individuals):

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:

Animal Type	Number in Confinement	Maximum Number that the CNNP Plans for
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: EXPANDED / NEW WASTE STORAGE / ANAEROBIC DIGESTER

- (1) Describe the location and dimensions of the structure: (include construction materials – earthen, concrete etc., Type of digester)
- (2) Is the structure / digester designed by a PE and will it be constructed under the direction of a PE in accordance with all applicable NRCS standards?
- (3) What is the capacity of the storage / digester in gallons? (If an expansion, what is the new total capacity)
- (4) Will the structure be maintained to store the volume of runoff from a 25-year, 24-hour storm event, plus 1 foot of freeboard? / Does the digester have overflow protection? If no, attach an explanation.
- (5) 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

Description (1)	PE / NRCS Y/N (2)	Capacity (3)	24hr / 25yr Y/N (4)	Water Body (5)