

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Water

625 Broadway, Albany, New York 12233-3500

P: (518) 402-8233 | F: (518) 402-9029

www.dec.ny.gov

Instructions for how to complete the

NOTICE OF INTENT

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

CAFOs that discharge or propose to discharge, that have fully implemented all practices identified in the Nutrient Management Plan and are complying with the requirements in general permit GP-0-19-001, are eligible for coverage under the CWA General Permit GP-0-19-001 for CAFOs.

All CAFOs must submit the Notice of Intent form and a Nutrient Management Plan (NMP) in its entirety to request authorization under this general permit.

Sections I - VIII must be completed in their entirety. ***Incomplete information may result in a delay in the processing of this NOI.***

Section I:

Facility Information:

Please provide the main farmstead information under "Facility Information". Farmstead is defined as one or more designated areas where a majority of the buildings or structures are or will be built on the farm including, but not limited to, the operator's residence(s), retail markets, Farm Labor Housing and farm buildings. The Facility/Farm Name should be the name of the farm itself (ie. Smith Dairy Farm). The Facility/NMP Contact Name is the person responsible for implementing the CAFO's NMP on a daily basis, as described in Part III.A.5 in the general permit. This information should contain their direct contact information.

Legally Responsible Owner/Operator Information:

Please also provide the legally responsible owner/operator (business or individual) information as well as their contact information. If the Owner/Operator is an incorporated business (ie. LLC), please provide a Contact Name (corporate officer(s), CEO, partner) as well as a federal Tax ID number. If the Owner/Operator is multiple individuals, all individuals should be listed under Owner/Operator Contact Name and all are responsible for signing the Owner/Operator Certification in Section VII.

Section II:

Please check the box which best describes your facilities situation.

Section III:

Please provide the Geographic Coordinates of the entrance to the main farmstead. If facility has multiple entrances, provide the coordinates for the main driveway. You can find your coordinates by following the directions on the NOI.

Section IV:

Please provide the current total number of animals in confinement, whether those animals are housed under roof or in open confinement, as well as the maximum number that the NMP plans for.

Section V:

Please provide answers to all the questions in this section.

Section VI:

Please provide information regarding all Waste Storage/Transfer Structures and any Anaerobic Digesters associated with manure, litter, or process wastewater at the facility. Waste Storage/Transfer Structures include anaerobic lagoons, roofed storage sheds, storage ponds, underfloor pits, above ground storage tanks, below ground storage tanks, concrete pads, impervious storage pads, etc.

Section VII:

Please sign the certification required by the Owner/Operator

The completed form, as well as the additional information described below, must be submitted to the New York State Department of Environmental Conservation (Department) at the address below. Electronic submittals are available through the Departments web-site at: <http://www.dec.ny.gov/permits/55373.html>.

This NOI must be accompanied by a complete NMP, including the NMP certification as provided in appendix C of GP-0-19-001, signed by the owner or operator of this facility and the certified Agricultural Environmental Management (AEM) planner who developed or reviewed the NMP. The Department will post the NOI and NMP to the Environmental Notice Bulletin (ENB) for a 30-day public comment period. Following the 30-day comment period, the Department will respond to any significant comments received and may request the permittee to revise the NMP and or the NOI in order for the Department to grant coverage to the CAFO. The Department will mail a letter approving the NOI and NMP and incorporating the NMP as terms and conditions of the CAFO's permit. This letter will include the SPDES Permit Number and the DEC Facility ID number assigned by the Department. This SPDES Permit Number and the DEC Facility ID number must be referenced in all future documentation and correspondence provided by you to the Department.

The complete NOI and NMP shall be submitted to the following address:

New York State Department of Environmental Conservation
Division of Water
Bureau of Water Permits, 4th Floor
625 Broadway
Albany, New York 12233-3505

Questions on the NOI should be directed to the Department at (518) 402-8233 or (518) 402-8086.

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Water

625 Broadway, Albany, New York 12233-3500

P: (518) 402-8233 | F: (518) 402-9029

www.dec.ny.gov

NOTICE OF INTENT

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

DEC Facility ID No. (DEC use only): _____

Current SPDES No. (Leave blank for new facility): _____

SECTION I: LOCATION AND CONTACT INFORMATION

Facility Information

Legally Responsible Owner/Operator Information

Facility/Farm 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:	Email:
Email	Tax ID No (not required for individuals):

SECTION II: REASON FOR SUBMITTAL – Check the box(s) that applies to your operation

Check one of the following:

- Existing facility permitted in accordance with SPDES General Permit GP-0-16-001 or GP-0-16-002 that is seeking continued permit coverage under GP-0-19-001

- Existing facility not currently permitted under any SPDES CAFO General Permit, meeting the definition of a Small, Medium, or Large CAFO as of the effective date of this general permit, which is seeking coverage under GP-0-19-001

- New Small CAFO - An operation that is designated by the NYS DEC as a CAFO after July 09, 2019 but was not defined as a CAFO prior to that date.

- New Medium CAFO - An operation that meets the definition of Medium CAFO and was constructed and operated after July 09, 2019.

- New Large CAFO - An operation that meets the definition of Large CAFO and was constructed and operated after July 09, 2019.

SECTION III: GEOGRAPHIC COORDINATES OF CAFO OPERATION

Please provide the geographic coordinates of your CAFO operation. You may obtain this information from various sources; however data must be entered on the form in New York Transverse Mercator (NYTM as easting/northing). Please note NYTM is defined as UTM, Zone 18, meters, extended east and west to cover all of New York State. You may choose to look up this information from NYS DEC's Stormwater Interactive Map, Global Positioning System (GPS) or Geographical Information System Software.

The Stormwater Interactive Map on NYS DEC's web site provides a tool for locating the coordinates of the site, which returns the data in NYTM format. The data provided in NYTM form must be entered in 6 digits for X (easting) and 7 digits for Y (northing) (example 586130, 4884956). To do this, go to the Stormwater Interactive Map on DEC's web site at:

<http://www.dec.ny.gov/imsmaps/stormwater/Run.htm>

Zoom into your project location so that you can accurately click on the centroid of your site. Once you have located your project site, go to the tool boxes on the top and choose "i"(identify). Then click on the center of your site and a new window containing the X, Y coordinates in UTM will pop up. For problems with the interactive map, use the HELP function.

If you are using a Global Positioning System (GPS) or Geographical Information System Software, please enter the X and Y coordinate data in the format explained above or the Latitude and Longitude in decimal degrees.

Site Location: X Coordinates: _____ Y Coordinates: _____
Latitude: _____ Longitude: _____

Provide a topographic map of the geographic area in which the CAFO is located showing the specific location of the CAFO's production area.

Are any elements of the production area located on Indian lands? Yes NO

SECTION IV: 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	Total Number in Confinement	Number Housed Under Roof	Number in Open Confinement	Maximum Number that the CNMP 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 V: CAFO FACILITY INFORMATION

- Total production area (specify square feet or acres) in which animals are confined or fed. **Do not** include pasture land (areas used for grazing) or areas for growing crops: _____
- Total number of land application acres covered by the CAFO's NMP _____ (acres)
- Estimated amounts generated per year (tons/gallons):
 - Manure _____
 - Litter _____
 - Process wastewater _____

4. Estimated amounts transferred per year (tons/gallons):

Manure _____
Litter _____
Process wastewater _____

5. Are there discharges of Non-Contact Cooling Water associated with milk production?

Yes NO

If yes,

a. Is the operation documented in the NMP? Yes NO

b. Is the discharge to a trout stream? Yes NO

6. Has the facility fully implemented all practices required in the NMP? Yes NO

a. If no, does this facility have a consent order with NYS DEC to address the implementation issues? Yes NO

Please provide the consent order number _____

b. If no, are the remaining practices PE evaluations and certifications necessary to comply with Part III.A.4 of the general permit? Yes NO

PE evaluations and certifications necessary to comply with Part III.A.4 of this general permit are required to be completed within 12 months of filing the NOI.

Please provide the expected completion date _____

7. Does this CAFO have other farmsteads or satellite facilities associated with this operation which require implementation of structural or non-structural BMPs? Yes NO

Please provide the address or coordinate location for each farmstead or satellite facility

a. Are all required structural BMPs implemented at the satellite facilities? Yes NO

b. Are all required non-structural BMPs implemented at the satellite facilities? Yes NO

8. Description of any recent (within last 5 years) compliance actions by NYS DEC against this facility. (ECO ticket, notice of violation, consent order, etc.) List case or ticket number if available.

9. List any other NYS DEC / USEPA / USACE or other environmental permit(s) required or issued for this facility, if any (ex: individual SPDES, Part 360, gravel pit, etc.):

SECTION VI: WASTE STORAGE/TRANSFER STRUCTURES and ANAEROBIC DIGESTERS INFORMATION

Waste Storage/Transfer Structures (see NOI instructions Section VI)

- (1) Describe the location and dimensions of the structure (include construction materials – earthen, concrete etc.).
- (2) Was the structure designed and constructed under the direction of a professional engineer (PE) currently licensed to practice in New York State in accordance with all applicable Natural Resources Conservation Service (NRCS) standards?
- (3) If no, has the structure been evaluated by a PE in accordance with the “AEM Tool for the Evaluation of Undesigned Waste Storage Facilities”?
<http://www.agriculture.ny.gov/SoilWater/aem/forms/AEM%20Tool%20for%20the%20Evaluation%20of%20Undesigned%20Waste%20Storage%20Facilities.pdf>
- (4) What is the capacity of the storage in gallons?
- (5) Is the structure being maintained to store the volume of runoff from a 25-year, 24-hour storm event, plus 1 foot of freeboard? If no, attach an explanation.
- (6) Describe the nearest down-gradient waterbody (stream, pond, lake, wetland) that would likely receive any potential discharge from the structure. 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 waterbody

Anaerobic Digesters

- (1) Describe the location, dimensions and type of digester.
- (2) Was the digester designed and constructed under the direction of a professional engineer (PE) in accordance with all applicable NRCS standards?
- (3) If no, has the digester been evaluated by a PE?
- (4) What is the capacity of the digester in gallons?
- (5) Does the digester have overflow protection?
- (6) Describe the nearest, down-gradient waterbody that would likely receive any potential discharge from the digester (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 provide the distance from the storage facility to the surface water:

(1)	Y/N (2)	Y/N (3)	(4)	Y/N (5)	(6)

Total capacity of manure, litter, and process wastewater storage (tons/gallons): _____

SECTION VII: OWNER/OPERATOR CERTIFICATION

To the best of my knowledge, the 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 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 Notice of Intent and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure 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