



Filling out the MDE General Discharge Permit

Notice of Intent (NOI)- December 1, 2014 permit version

MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Boulevard • Suite 610 • Baltimore, Maryland 21230-1719
410-537-3314 • 800-633-6101 x3314 • <http://www.mde.maryland.gov>

Land Management Administration • Waste Diversion and Utilization Program

Notice of Intent

General Discharge Permit for Animal Feeding Operations (14AF, MDG01)

Authority: Title 9, Environment Article, Annotated Code of Maryland, and Code of Maryland Regulations (COMAR) 26.08.04

Submission of this Notice of Intent (NOI) constitutes notice that the person identified in Section I of this form has the intent to be authorized by a State/NPDES General Discharge (GD) Permit issued for the discharges from the animal feeding operation (AFO) identified in Section II of this form. Authorization to discharge shall commence upon notification to the applicant of acceptance of this NOI and the required plans by the Maryland Department of the Environment (the "Department").

NOI for (check **1**): CAFO Permit MAFO Permit (for large AFOs only. Medium AFOs may be required to submit Certification of Conformance. See AFO Website for more information.)

Existing or Proposed? (check **2**) Existing Lot/Facility (Farm) Proposed (New) Lot/Facility (Farm)

3 Existing Registration No.: _____ - _____ **4** Effective Date: ____/____/____

- 1) Choose whether you are a CAFO or MAFO
- 2) Choose whether you are an existing farm or a new proposed farm
- 3) Enter your existing registration number: Search through any letters from MDE and you may find this information. It consists of a "Date-Farm_type-Number" (e.g. 2009-CCD-1234).
- 4) The "effective date" is the date on the registration letter mailed to those who were registered under the permit.

You may also be able to find your operation by searching here:

<http://www.mde.maryland.gov/programs/Land/RecyclingandOperationsprogram/AFO/Pages/CAFO.aspx> (scroll to the bottom of the page)

AFO SEARCH

Please enter keywords to search on. The zip has five digits only. You may leave some of the input boxes blank.

Farm Name	<input type="text"/>
Primary Type of Animal	Show All <input type="button" value="v"/>
Farm City	<input type="text"/>
Farm County	Show All <input type="button" value="v"/>
Farm Zip Code	<input type="text"/>
Permit Status	Show All <input type="button" value="v"/>

AFOs Under Public Comment Registered and COCs

Page 1, Cont – Owner/Operator information

Section I. Applicant/Owner/Operator Information	
Applicant's Legal Name (Name of Company [if corporation] or Individual Operator [if Sole Proprietor]): _____	
Applicant's Status (also complete box 1 OR 2, below): <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> other: _____	
Please check if applicant is also the owner: <input type="checkbox"/> 1	
Applicant's Mailing Address: _____	
City: _____ 2	State: _____ Zip Code: _____
Applicant's Email Address: _____	
Applicant's Telephone No.: () _____ - _____ Facsimile No.: () _____ - _____	
Applicant's Cell Phone No.: () _____ - _____	
Emergency Contact Name & Title: _____ Telephone No.: () _____ - _____	
BOX 1: For a sole proprietorship or individual, please provide the following information:	
Social Security No.: _____ OR State of Maryland Sole Proprietorship ID No.: _____	
3	Proof of workers' compensation coverage is required under § 1-202 of the Environment Article. Please provide one of the following: (1) A copy of a Certificate of Compliance issued by the Maryland Workers' Compensation Commission; or (2) Workers' Compensation Insurance Policy/Binder No.: _____
BOX 2: For a Corporation or Government, please provide the following information:	
Federal Tax Identification No.: _____	
Maryland State Department of Assessments and Taxation (SDAT) ID No.: _____	
Please note that a business/entity must be registered to do business in Maryland before coverage under this permit can be issued. The business or entity's information provided in this NOI must match the information in the SDAT register.	

Read this section carefully.

- 1) Don't forget to check boxes for sole proprietorship or corporation as well as the applicant/owner box.
- 2) The address you fill out here is where the permit will be mailed to, which may be different than your actual operation.
- 3) You only have to choose Box 1 **OR** 2, not both.

Section II. Lot/Facility (Farm) Information

Lot/Facility (Farm) Location: Enter the lot/facility (farm's) legal name and complete street address including the nearest town or city (the actual location of the lot/facility (farm), not the mailing address). Provide the latitude and longitude of the production area to the nearest 15 seconds of the approximate center of the lot/facility (farm). The latitude and longitude can be found on a relatively detailed map such as an ADC (book) county map. **1** Attach a map of the lot/facility (farm) including at least one named street. Provide the type and number of animals at the lot/facility (farm), and the type of housing.

Please fill out the following information for all lots/facilities (farms) associated with the AFO, starting with the primary lot/facility (farm) and continuing with all associated lots/facilities (farms). Associated lots/facilities (farms) are those that you have control over the application of the litter, manure, or process wastewater by ownership, lease, or agreement. All of these associated lots/facilities (farms) must be included in the required plans (either a Comprehensive Nutrient Management Plan (CNMP) or Nutrient Management Plan (NMP) combined with a Soil Conservation and Water Quality Plan (CP)). You may photocopy the associated lot/facility (farm) information sections to provide information for all associated lots/facilities (farms).

The required plans are important parts of your AFO. They document the planning decisions and operation and maintenance for the AFO. CNMPs are developed by USDA-Natural Resources Conservation Service or their Certified Technical Service Providers. The NMP and CP must be prepared for the lot/facility (farm) and the associated lots/facilities (farms) by a certified and licensed nutrient management consultant or a certified operator in accordance with the Maryland Department of Agriculture requirements of COMAR 15.20.04, and is in compliance with COMAR 15.20.07 and 15.20.08.

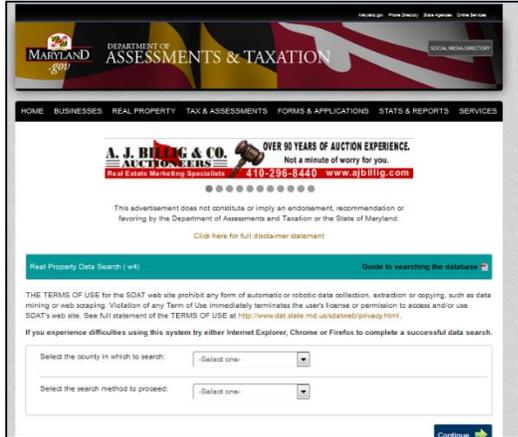
■ Primary Lot/Facility (Farm) Name: **2** _____
 Lot/Facility (Farm) Address: _____ City: **3** _____ State: _____ Zip Code: **3** _____
 County: _____ County Zoning Map No.: **3** _____ Lot/Parcel No.: **3** _____ Deed Book/Folio No.: **3** _____
 Bay Tributary Watershed Code: **4** _____ Latitude/Longitude (Deg/Min/Sec): _____ **5** / _____ - _____ - _____
 USDA Farm Services Agency (FSA) Tract Nos. **6** _____
 Primary Type (From Animal Type/AFO Size Table) and Actual Number of Animals Raised: **7** _____
 Other Animal Types (From animal Type/AFO Size Table) and Actual Numbers: _____
 Type of Confinement? (Enclosed, under roof, outdoor): _____
 Date(s) of Construction: **8** _____ (estimated date can be used for pre-2000 structures)
 For poultry only: Number of houses: _____ Total square footage of all houses: _____ (square feet)
 How many lots/facilities (farms) are associated with this animal feeding operation? **9** _____ (fill in below for each associated farm)

- 1) You need to attach a map of your farm with a road name. You can get this from your Nutrient Management Plan (NMP) or Google Maps.
- 2) Fill out the name of your farm as well as the address of the farm. This could be different than your home address, if you don't live on the farm.
- 3) County Zoning map no, Parcel No, and Deed can all be found on **Maryland Real Property Search**.
- 4) Bay Tributary Watershed code can be found as a four digit number in your NMP
- 5) Latitude and Longitude can be found on Google Maps or Google Earth
- 6) Your FSA tract number could be in your NMP, CNMP, or call the FSA
- 7) Refer to the **table** at the end of the NOI form. Fill out the entire name (e.g. chicken wet, chicken dry, laying hens dry, dairy cattle, ect) and the number you are raising.
- 8) These can be estimated for pre-2000 built structures
- 9) If you only have one lot, put "1" here. Otherwise, put the number of lots and fill in the additional information.

Maryland Real Property Search

<http://sdat.resiusa.org/RealProperty/Pages/default.aspx>

Go the Maryland Real Property search website to look up deed and zoning information. Choose your county and search by Street Name.



When searching for your property do not use words like "road, lane or drive".

For example, the Somerset County Extension Office is **30730** Park Drive.

You would enter **30730** as the street number

And **Park** as the road name.

Primary Lot/Facility (Farm) Name: _____
Lot/Facility (Farm) Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____
County: _____ **County Zoning Map No.:** **1** **Lot/Parcel No.:** **2** **Deed/Liber/Follo No.:** **3**
Bay Tributary Watershed Code: _____ **Latitude/Longitude (Deg/Min/Sec):** _____ / _____ / _____
USDA Farm Services Agency (FSA) Tract Nos. _____
Primary type (From Animal Type/AFO Size Table) and actual number of animals raised: _____
Other animal types (From animal Type/AFO Size Table) and actual numbers: _____
Type of Confinement? (Enclosed, under roof, outdoor): _____ **Date(s) of Construction:** _____
For poultry only: Total square footage of all houses: _____ (square feet)
How many lots/facilities (farms) are associated with this animal feeding operation? _____

View Map	View GroundRent Redemption	View GroundRent Registration
Account Identifier: District - 02 Account Number - 012952		
Owner Information		
Owner Name:	Use:	
Mailing Address:	Principal Residence:	
	Deed Reference: 3	
Location & Structure Information		
Premises Address:		Legal Description:
Map: 1	Grid: 2	Parcel:
Sub District:	Subdivision: 0000	Section:
Block:	Lot:	Assessment Year: 2014
Plat No:		Plat Ref:
Special Tax Areas:	Town: NONE	
	Ad Valorem:	
	Tax Class:	
Primary Structure Built 1975	Above Grade Enclosed Area 2,744 SF	Finished Basement Area 20.4600 AC
Property Land Area	County Use	
Stories 1	Basement NO	Type STANDARD UNIT
Exterior SIDING	Full/Half Bath 3 full/ 1 half	Garage 1 Detached
	Last Major Renovation	

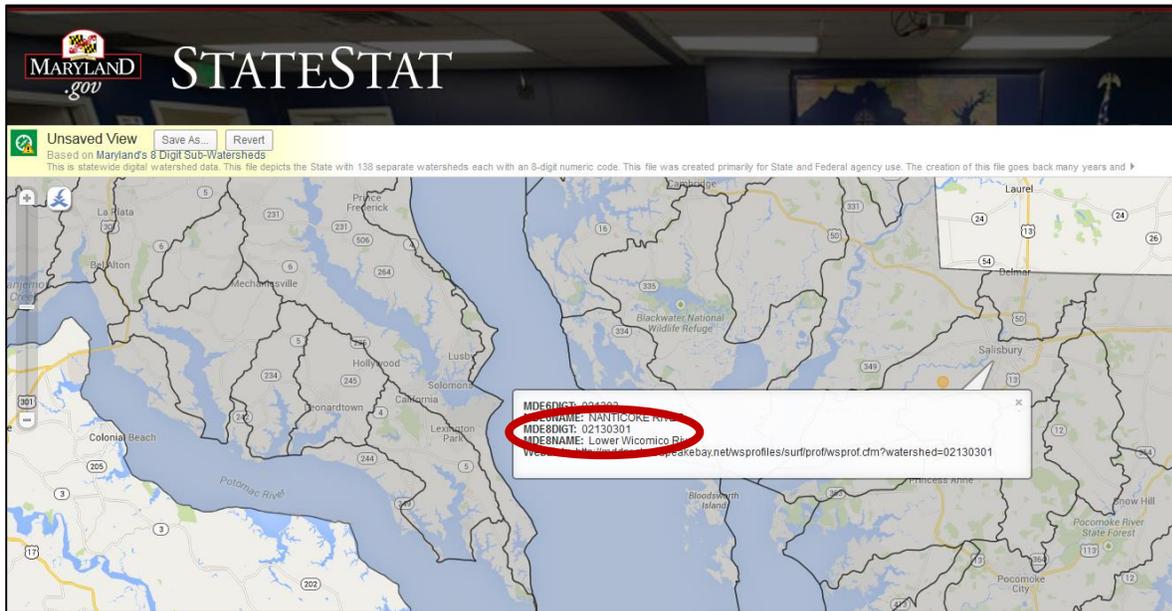
Bay Tributary Watershed Code

You may also find the **Tributary Watershed Code** on the **Maryland State Stat** website:

<https://data.maryland.gov/Energy-and-Environment/Maryland-s-8-Digit-Sub-Watersheds/e9j9-vuxg>

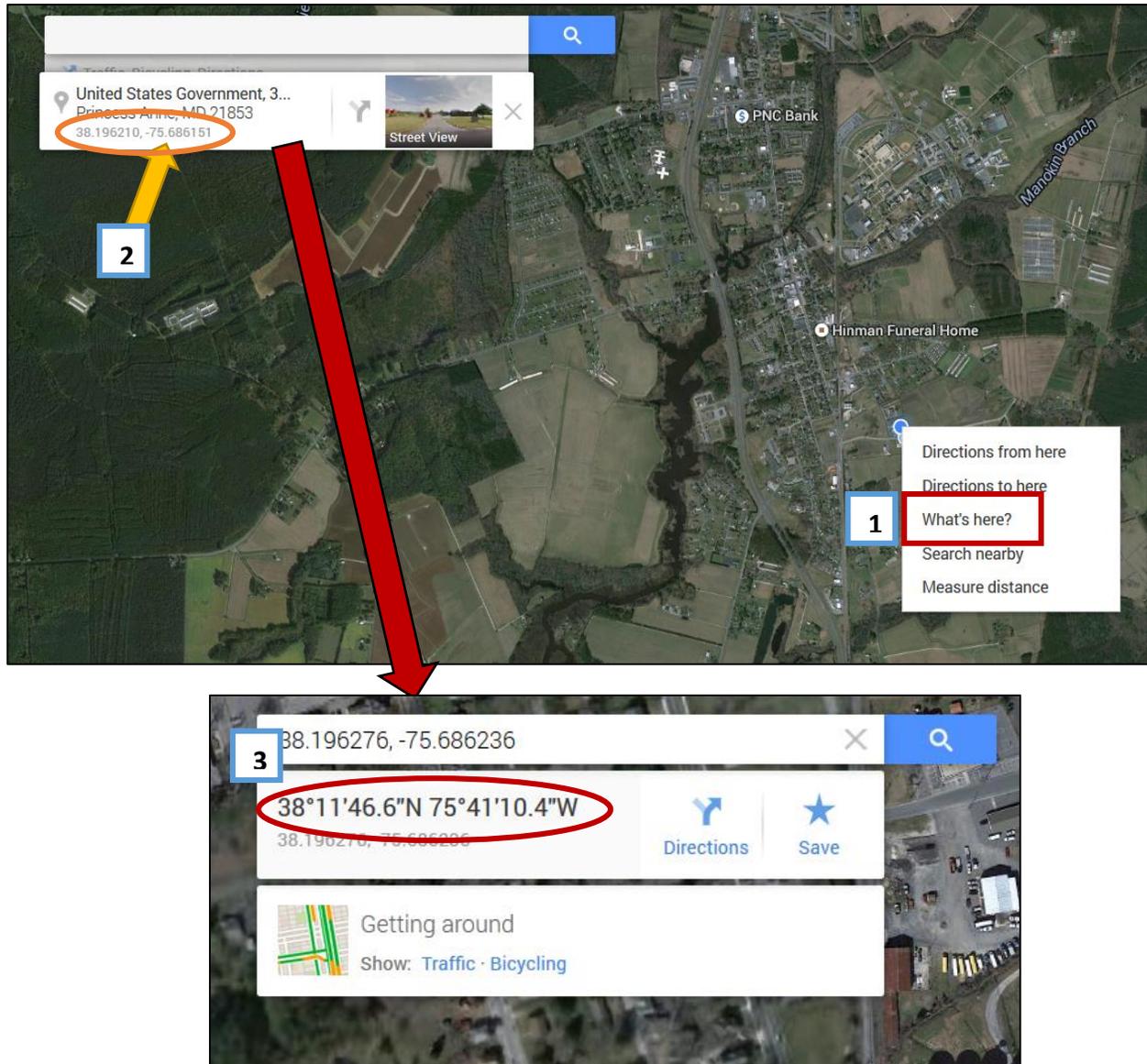
Click on the approximate location of your farm

The MDE8DGT value is your watershed code.



Latitude and Longitude

Latitude and Longitude of the Somerset County Extension Office:



Go to Google Maps and find your farm

- 1) Right click on your farm with the mouse, then select **“Whats here”**
- 2) Up in the corner Lat/Long will appear in decimal degrees, click on the numbers
- 3) They will reload and change into Degrees, Minutes, Seconds. Enter those on your form.

You may also go to the FCC website and convert the decimal degrees to deg, min, sec:

<http://transition.fcc.gov/mb/audio/bickel/DDMMSS-decimal.html>

Section III. Manure Storage/Use and Mortality Management

Manure Storage - Indicate the amount and type of storage on each Lot/Facility (Farm) associated with your animal feeding operation, starting with the primary Lot/Facility (Farm). Also record the total typical amount of litter, manure, or process wastewater generated each day or each year by all of the lots/facilities (farms) under your control, the total amount of litter, manure, or process wastewater transported off the properties under your control, and the total amount of land available for land application on all of the associated lots/facilities (farms). Describe the type of mortality management used on each lot/facility (Farm).

Total Litter/Manure/Wastewater generation **1** _____ Tons/Pounds/Gallons + Frequency (per day/per year)
 (circle one) (circle one)

Total Litter/Manure/Wastewater Transported Offsite: quantity **2** _____ Tons/pounds/gallons + Frequency (per day/per year)
 (circle one) (circle one)

Total Land Application Area Controlled by Applicant: **3** _____ (acres) **3** _____ (acres)
 (under same ownership) (under contract)

Storage Type Instructions: Write the type of litter, manure, or process wastewater storage utilized at each Lot/Facility (Farm) on the line provided. To provide the capacity of the litter, manure, or process wastewater storage facility, where appropriate, For liquid or dry manure circle "ft3", For liquid manure circle "gal" and for dry manure include the length and width ("LxW") of the storage facility.

■ Primary **4** _____ facility (Farm):
 Storage Type _____ Capacity _____ ft3 / gal / LxW (circle units)
 (anaerobic lagoon, roofed storage shed, storage ponds, under floor pits, above ground storage tanks, other)

Date(s) of Construction: _____ (estimated date can be used for pre-2000 structures)

Storage Type **4** _____ Capacity _____ ft3 / gal / LxW (circle units)
 (anaerobic lagoon, roofed storage shed, storage ponds, under floor pits, above ground storage tanks, other)

Date(s) of Construction: _____ (estimated date can be used for pre-2000 structures)

Mortality Management: **5** _____ (composter, rendering, incineration, other)

- 1) Manure generation can be found on your NMP. Don't forget to circle the units (tons, lbs, or gal)
- 2) Offsite transport is how much you move off the farm every year
- 3) If you are a no land plan, the number here is zero
- 4) This is information that can be found in your CNMP or NMP. Don't forget to circle the units (ft3, gal, or Length x Width). If you have two storage facilities list both.
- 5) If you have mortality management, list that here.

Section IV. CAFOs Only – Fees

COMAR 26.08.04.09-1: A CAFO shall pay an annual permit fee. The first annual fee payment shall be submitted to the Department with the NOI Form. The Department will invoice the permittee annually, and the fee shall be paid annually not later than the anniversary of the effective date of the permit. The following permit fees shall be collected based on the size category of the lot/facility (farm) defined in Table 1 under Regulation 26.08.03.09A(3):

Size Category	Large	Medium	Small
Annual Permit Fee	\$800	\$300	\$60

Please submit a **COPY** of this form and a check for the total amount due made payable to the "CLEAN WATER FUND" to:
Maryland Department of the Environment
 P.O. Box 1417
 Baltimore, Maryland 21230-1417

2

Please submit the **ORIGINAL** application to
Maryland Department of the Environment
 1800 Washington Boulevard, Suite 610
 Baltimore, Maryland 21230-1719

For office use only

For office use only

- 1) Fees have been lowered to \$800, \$300, and \$60 since the August 1, 2014 version of this permit.
- 2) Copy your completed application and mail to the addresses listed.

Section V. CAFOs and MAFOs Required Plan Information

CAFO and MAFO applicants must submit required plans with the NOI. Please check off the type(s) of plan(s) submitted with NOI and indicate the type of the plan. Also record the name, telephone number, and the certificate # of the person who prepared the Plan.

CNMP **OR** NMP and Conservation Plan Date(s) Plans completed: _____

CNMP or NMP Writer's Name: _____ CNMP or Plan Writer's Telephone No.: _____

CNMP or NMP Writer's Certificate No.: _____

Soil Conservation and Water Quality Plan (CP) Writer's Name: _____

CP Writer's Telephone No. : _____ CP Writer's Certificate No.: _____

If no required plan is attached, please explain.

- 1) You have the option of sending MDE an updated CNMP **OR** an NMP plus conservation plan. Contact your CNMP plan writer or your NMP writer and make sure both are up to date
- 2) A lot of this information should be in your CNMP, but you can also ask your plan writer for their certificate and phone number.
- 3) MDE is not requesting plans at this time. **DO NOT MAIL A PLAN IN.** They will ask you when they want it. Instead write: "Plan is updated and on file and will be sent in as requested"

Section VI. Certification

By signing this form, I the applicant or duly authorized representative, do solemnly affirm under the penalties of perjury that the contents of this application are true to the best of my knowledge, information, and belief. I hereby authorize the representatives of the Department to have access to the AFO and associated lots/facilities (farms) for inspection and to records relating to this application at any reasonable time. I acknowledge that depending on the type of permit applied for, other permits or approvals may be required.

1

Signature of Applicant (operator or duly authorized representative)

Date

2

Applicant's (operator or duly authorized representative) Name (Print)

3

Title

Privacy Act Notice: This Notice is provided pursuant to the Federal Privacy Act of 1974, 5 U.S.C. §552.a. Disclosure of your Social Security Number or Federal Employer Identification Number on this application is mandatory pursuant to the provisions of §1-203 (2003), Environment Article, Annotated Code of Maryland, which requires the Department to verify that an applicant for a permit has paid all undisputed taxes and unemployment insurance. The Department is also mandated by §10-119.3, Family Law Article, Annotated Code of Maryland, to require each applicant for a license to disclose the Social Security Number of the applicant and record the applicant's Social Security Number on the application. Pursuant to §10-119.3(a)(2), the definition of "license" means any license, certificate, registration, permit, or other authorization that: (i) is issued by a licensing authority; (ii) is subject to suspension, revocation, forfeiture, or termination by a licensing authority; and (iii) is necessary for an individual to practice or engage in a particular business, occupation, or profession. Social Security or Federal Employer Identification Numbers will not be used for any purposes other than those described in this Notice.

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this form is intended to be used in processing your NOI. Failure to provide the information requested may result in your NOI not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act (Md. Code Ann., State Gov't §§ 10-601, et seq.). This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

- 1) Sign and date your NOI for.
- 2) Write your name in print.
- 3) List your title. (owner/operator, ect)

This document is written to help you fill out the NOI and may be subject to change based on MDE's decisions (i.e. Fees implemented or they ask for your CNMP in the future). For any questions about the form you should contact Mr. Gary Kelman at MDE (410-537-4423).

Don't forget to mail this form with a map of your farm/facilities!

Copy all pages and keep for yourself

**Use a Return Receipt (PS Form 3811) through the US Postal Service to make sure they got it!
Keep that receipt with the copy of your NOI form.**