

## NOTICE OF INTENT

**General Discharge Permit for Animal Feeding Operations (AFOs) (19AF, MDG01)**  
**Land and Materials Administration – Resource Management Program**  
**Issued Pursuant to 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 this form intends to operate under and comply with all terms and conditions of the State/NPDES General Discharge Permit for AFOs (AFO Permit). The discharge of animal waste, including manure, poultry litter, and process wastewater to waters of the State is prohibited unless an AFO has been registered under the AFO Permit by the Maryland Department of the Environment ("MDE"). A person shall hold a CAFO discharge permit issued by MDE before beginning construction on any part of a new CAFO.*

Please submit this completed NOI Form to the following address:

Maryland Department of the Environment  
 Land and Materials Administration/AFO Division  
 1800 Washington Boulevard, Suite 610  
 Baltimore, Maryland 21230-1719

### General Information

AI Number: \_\_\_\_\_

**1. LEGAL Name of Applicant** (must match name on required plan):

**2. AFO Type** (circle one): CAFO / MAFO

**3. Applying for** (check one):  
 New Coverage *see column 'A' in Question 4*  
 Continuation of Coverage (renewal) *see column 'B' in Question 4*  
 Modification of 19AF Coverage *see column 'C' in Question 4*

**4. Reason for NOI** (please fill out corresponding column):

| A. New Coverage   | B. Continuation of Coverage (renewal)   | C. Modification of 19AF Coverage   |
|---|---|--|
| <input type="checkbox"/> New owner/operator<br><input type="checkbox"/> Proposed operation ( <i>NO construction may begin until permit coverage is obtained</i> )<br><ul style="list-style-type: none"> <li>• Date of anticipated start of AFO operation:<br/>                     _____</li> </ul> | <input type="checkbox"/> No changes in operation<br><input type="checkbox"/> There has been a change in one or more of the following ( <i>please indicate</i> ): <ul style="list-style-type: none"> <li>○ Size or number of houses</li> <li>○ Animal number, resulting in change of size category</li> <li>○ CAFO to MAFO, MAFO to CAFO</li> <li>○ No-Land to Land, Land to No-Land</li> <li>○ Conventional operation to organic</li> </ul> | <input type="checkbox"/> Expanding<br><input type="checkbox"/> Change in animal number, resulting in change of size category<br><input type="checkbox"/> Change from CAFO to MAFO<br><input type="checkbox"/> Change from MAFO to CAFO<br><input type="checkbox"/> Change from no-land to land<br><input type="checkbox"/> Change from land to no-land<br><input type="checkbox"/> Change from conventional to organic operation |

## Applicant (Owner/Operator Information)

**5. Mailing Address of Applicant:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**6. Telephone Number(s) of Applicant:** (Home)

(Cell)

**7. Email of Applicant:**

## Farm Information

*Please attach a topographic map including the production area as well as the land application area (if applicable)*

**8. Farm Name:**  Same as Legal Name

Other (please specify): \_\_\_\_\_

**9. Farm Address:**

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**10. Watershed/Hydrologic Unit Code (HUC) (12-digit):**

**11. Latitude/Longitude of Production Area (Deg/Min/Sec):** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ / \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**12. Animal Information:**

| A. Animal Type(s)<br><i>(from AFO size chart)</i> | B. Maximum Number of Animals at any given time<br><i>(For poultry, please indicate bird type and number per flock)</i> | C. Operation Size<br><i>(consult AFO size chart)</i> | D. Animal Confinement Type<br><i>(e.g. house, feedlot, barn, milking parlor, pen)</i> |
|---|--|--|---|
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |

*\*For poultry only (13-16):*

**13. \*Number of poultry houses:**

**14. \*Combined square footage of all poultry houses:**

**15. \*Date(s) poultry houses constructed:**

**16. \*Integrator (check one):**

- Allen-Harim       Mountaire  
 Amick             Perdue  
 Coleman         Tyson  
 Other (please specify): \_\_\_\_\_

**Contact Information:**

Phone No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

## Manure/Mortality Management

17. Total Manure/Litter/Wastewater generated *annually*: \_\_\_\_\_ *circle one:* (tons / lbs / gallons)

18. Total Manure/Litter/Wastewater transported offsite *annually*: \_\_\_\_\_ *circle one:* (tons / lbs / gallons)

19. **\*\*Total number of acres controlled by applicant available for land application of manure/litter/process wastewater:**      *Owned:* \_\_\_\_\_      *Leased:* \_\_\_\_\_

*\*\*40 CFR Parts 122.23(b)(3) and 412.2(e) define "land application area" as all land under the control of the AFO owner/operator, whether by ownership, lease, or agreement, to which manure, litter or process wastewater is or may be applied.*

20. **Manure Storage** (please list individually):

| A. Type (e.g. shed, lagoon, pit) | B. Capacity (ft <sup>3</sup> , gal) | C. Solid/Liquid |
|----------------------------------|-------------------------------------|-----------------|
|                                  |                                     |                 |
|                                  |                                     |                 |
|                                  |                                     |                 |
|                                  |                                     |                 |

21. **Mortality Management Method:**

- |  |   |
|--|---|
| <input type="checkbox"/> Compost<br><input type="checkbox"/> Freeze<br><input type="checkbox"/> Render | <input type="checkbox"/> Incinerate<br><input type="checkbox"/> Other (please specify): _____ |
|--|---|

## CAFOs Only - Fees

Once a completed NOI is received by MDE and processed, MDE will invoice the applicant for any permit fees owed pursuant to COMAR 26.08.04.09-1.

## Required Plan

*CAFO permit application requirements at 40 CFR §122.21(i)(1)(x) specify that applications for coverage (including NOIs) must include nutrient management plans (NMPs) that at a minimum satisfy the requirements specified in 40 §122.42(e). Comprehensive Nutrient Management Plans (CNMPs), as defined in the General Discharge Permit for Animal Feeding Operations (AFOs) (19AF, MDG01), satisfy these requirements. An application will not be processed until a completed NOI form and a current CNMP are received. A CNMP must be developed by a certified and licensed plan writer, and in addition to the federal requirements, must satisfy the nutrient management requirements in COMAR 15.20.07 and 15.20.08.*

## 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 MDE 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. The personal information requested on this form is intended to be used in processing your NOI. This Notice is provided pursuant to Title 4 of the General Provisions Article, Annotated Code of Maryland. Your NOI may not be processed if you fail to provide all requested information. You have the right to inspect, amend, or correct this form. MDE is a public agency and subject to the Maryland Public Information Act (Md. Code Ann., Gen. Prov. §§ 4-101, 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 otherwise protected by federal or State law.*

\_\_\_\_\_  
**Signature of Applicant / duly authorized representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Applicant / duly authorized representative**

\_\_\_\_\_  
**Title**

### AFO Size Chart

| Animal Type  | Circumstances under which Animal Feeding Operations Require Permit Coverage                     |  |  |
|--|---|--|--|
|  | CAFO or MAFO Registration Required  | CAFO/MAFO Registration Required under Certain Circumstances                      | Registration Needed Only if Designated |
|  | Large   | Medium   | Small                                  |
| Cattle (includes heifers)                                  | 1000 or more animals  | 300—999 animals  | less than 300 animals                  |
| Dairy cattle   | 700 or more animals   | 200—699 animals  | less than 200 animals                  |
| Horses   | 500 or more animals   | 150—499 animals  | less than 150 animals                  |
| Veal   | 1000 or more animals  | 300—999 animals  | less than 300 animals                  |
| Swine ≥ 55 pounds  | 2500 or more animals  | 750—2499 animals   | less than 750 animals                  |
| Swine < 55 pounds  | 10,000 or more animals  | 3,000—9,999 animals  | less than 3,000 animals                |
| Sheep and lambs  | 10,000 or more animals  | 3,000—9,999 animals  | less than 3,000 animals                |
| Ducks with liquid manure handling+                         | 5,000 or more animals   | 1,500—4,999 animals  | less than 1,500 animals                |
| Chickens with liquid manure handling                       | 30,000 or more animals  | 9,000—29,999 animals   | less than 9,000 animals                |
| Ducks with dry manure handling                             | 30,000 or more animals  | 10,000—29,999 animals  | less than 10,000 animals               |
| Laying hens with dry manure handling                       | 82,000 or more animals  | 25,000—81,999 animals  | less than 25,000 animals               |
| Chickens (other than laying hens) with dry manure handling | 125,000 or more animals or greater than or equal to total house size of 100,000 ft <sup>2</sup> | 37,500—124,999 animals and less than total house size of 100,000 ft <sup>2</sup> | less than 37,500 animals               |
| Turkeys  | 55,000 or more animals  | 16,500—54,999 animals  | less than 16,500 animals               |

+A separate discharge permit is required for large category duck CAFOs

PLEASE NOTE- THIS PAGE WILL NOT BE RELEASED DURING THE PUBLIC NOTIFICATION PERIOD

**22. Legal Structure** (please select and provide information in corresponding box):

- Sole Proprietorship/Individual *\*complete BOX 1*
- Corporation/LLC/Partnership *\*complete BOX 2*
- Other (please specify): \_\_\_\_\_

**BOX 1:**

**For a sole proprietorship or individual:**

- Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Pursuant to the Federal Privacy Act of 1974, 5 U.S.C. §552.a. Disclosure of your Social Security Number on this application is mandatory pursuant to the provisions of §1-203 (2003), Environment Article, Annotated Code of Maryland, which requires MDE to verify that an applicant for a permit has paid all undisputed taxes and unemployment insurance. MDE 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 Numbers will not be used for any purposes other than those described in this Notice.*

**BOX 2:**

**For a Corporation, LLC, or Partnership:**

- Federal Tax Identification No.: \_\_\_\_\_ - \_\_\_\_\_
- Maryland State Department of Assessments and Taxation (SDAT) ID No.: \_\_\_\_\_
- (if applicable) Workers' Compensation Insurance Policy/Binder 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.*

*Pursuant to the provisions of § 1-202 of the Environment Article, before any license or permit may be issued to an employer to engage in an activity in which the employer may employ a covered employee, as defined in § 9-101 of the Labor and Employment Article, the employer shall file with the issuing authority: (1) A certificate of compliance with the Maryland Workers' Compensation Act; or (2) The number of a workers' compensation insurance policy or binder.*