



# Open Feedlot and Confinement Application for Individual NPDES<sup>1</sup> Operation Permit

**A. Facility information:**

Name of operation: \_\_\_\_\_ Facility ID No. \_\_\_\_\_

Location of the operation: \_\_\_\_\_  
(911 Address)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

\_\_\_\_\_ Latitude (entrance to production area) \_\_\_\_\_ Longitude (entrance to production area)

\_\_\_\_\_ (Quarter/Quarter) \_\_\_\_\_ (Quarter) \_\_\_\_\_ (Section) \_\_\_\_\_ (Tier & Range) \_\_\_\_\_ (Township Name) \_\_\_\_\_ (County)

**B. Owner and Contacts of the animal feeding operation:**

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email address (optional): \_\_\_\_\_ Cell (optional): \_\_\_\_\_

Contact person (if different than owner): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address (optional): \_\_\_\_\_ Cell (optional): \_\_\_\_\_

**C. Ownership Status:** Do you own or rent the facility? If renting, please provide the name and address of the owner:

\_\_\_\_\_

**D. If contract operation (optional):**

Name of Integrator: \_\_\_\_\_

Address of Integrator: \_\_\_\_\_

**E. Briefly describe the nature of your business and the activities conducted that require an NPDES permit:**

\_\_\_\_\_

\_\_\_\_\_

**F. List all other State and/or Federal environmental permits or construction approvals that you have received or applied for:**

\_\_\_\_\_

\_\_\_\_\_

**G. Provide a topographic map of the geographic area in which your operation is located showing the specific location of the production area<sup>2</sup>, including distances, to scale, between open lots and confinements structures.**

1. NPDES stands for National Pollutant Discharge Elimination System.  
 2. **Production area** includes open lots, confinement buildings, barnyards, medication pens, animal walkways, stables, manure storage areas, raw material storage areas, etc.

**H. This application is for** (check one that best describes):

- A new operation                       An existing operation which is only expanding number of animals  
 An existing operation not expanding       An existing operation which is expanding number of animals and making structural changes/modifications

For (must check one):       An open feedlot                       A confinement operation       A combined CAFO<sup>3</sup>

**I. Type and number of animals confined in the operation:**

- Enter both current and proposed number of all animals housed in confinement buildings and open lot pens that are under common ownership or management:

Animal Type	Confinements		Open Lots				Combined
	Current No. Head	Proposed No. Head [1]	Current No. Head	Proposed No. Head [2]	x Factor	= AUC <sup>3</sup>	Total No. Head [1] + [2]
Cattle (other than veal calves or mature dairy cows) which includes beef cattle, steers, cow-calf pairs, dairy heifers or immature dairy					1.0		
Veal calves					1.0		
Mature dairy cows (milked or dry)					1.4		
Swine, 55 lbs. or more					0.4		
Swine nursery, 15 to 55 lbs.					0.1		
Sheep and goats, including lambs					0.1		
Chicken broilers, 3 lbs. or more					0.01		
Chicken broilers, less than 3 lbs.					0.0025		
Chicken layers, 3 lbs. or more					0.01		
Chicken layers, less than 3 lbs.					0.0025		
Turkeys, 7lbs or more					0.018		
Turkeys, less than 7 lbs.					0.0085		
Horses					2.0		
<b>Total AUC<sup>3</sup>:</b>							

**J. Type and the total capacity of manure and process wastewater structure(s):**

- Formed manure storage structure – under-building deep pits, outside concrete/steel (total capacity in gallons or cubic feet) \_\_\_\_\_  
 Unformed manure or effluent storage structure – earthen basins, lagoons (total capacity in gallons or cubic feet). \_\_\_\_\_  
 Dry manure stored in a building or hoop (total capacity in gallons or cubic feet) \_\_\_\_\_  
 Egg washwater storage structure (total capacity in gallons or cubic feet) \_\_\_\_\_  
 Alternative Technologies [dimensions of the vegetative treatment areas (VTAs) or vegetative infiltration basins(VIBs) and the capacity of the solids settling basins in gallons or cubic feet] \_\_\_\_\_

**K. Name of the receiving watercourse:** \_\_\_\_\_

3. **CAFO or combined CAFO** means a Concentrated Animal Feeding Operation as defined in rule [567 IAC 65.100\(455B,459,459A\)](#). You must combine same type of animals, in confinement buildings and open lot pens that are under common ownership or management. If the combined animal capacity meets the large CAFO or medium CAFO definitions, your operation is a CAFO. A CAFO also includes a designated CAFO.

**L. Area of Open Feedlot**

- 1. Total feedlot area: \_\_\_\_\_ (acres)
- 2. Total drainage area: \_\_\_\_\_ (acres)

**M. Nutrient Management Plan (NMP) for Open Feedlots or combined CAFOs, Manure Management Plan (MMP) for Confinements, Comprehensive Nutrient Management Plan (CNMP) if applying for EQIP<sup>5</sup>:**

- 1. Enclosed is my (check all that apply)  NMP  MMP or  CNMP
- 2. Date of last review or revision of the NMP or MMP? \_\_\_\_\_
- 3. If not land applying, describe alternative use(s) of manure, settled effluent and process wastewater: \_\_\_\_\_
- 4. Total number of acres under control of the applicant available for land application of manure and process wastewater: \_\_\_\_\_
- 5. Estimated amount of manure and process wastewater generated per year? \_\_\_\_\_
- 6. Estimated amount of manure and process wastewater transferred to other persons per year? \_\_\_\_\_

**N. Land Application Best Management Practices (BMPs):** Please check any of the following BMPs that are being implemented at the land application areas to control runoff and protect water quality:

- Buffer strips  Terraces  Conservation tillage
- Setbacks  Grass filters  Infiltration field

**O. Is your facility located on Indian lands?**  Yes  No

---

**CERTIFICATION:**

“I certify under penalty of law that this document 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) Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail this completed form, along with Fee Form No. 542-1250 and a check for \$ 85.00 payable to the Iowa Department of Natural Resources (DNR), to the following address:

Iowa DNR  
AFO Program  
502 East 9<sup>th</sup> St.  
Des Moines, IA 50319  
Phone: 515-242-6128

5. EQIP stands for Environmental Quality Incentives Program.