Individual NPDES[1] Permit Application for "Open Feedlot[2]", "Confinement[3]" & "Combined[4]" CAFO[5] Operations required to obtain NPDES permit

A. Facility information:

AFO NPDES Permit #: _____ _____
County # (2 digits) AFO Facility # (5 digits)

Name of operation: _____

Location of the operation: _____
(911 Address)

_____
(City) (State) (Zip Code)

_____
(Quarter/Quarter) (Quarter) (Section) (Tier & Range) (Township Name) (County)

B. Owner and Contacts of the animal feeding operation:

Owner: _____ Phone: _____

Address: _____

Email address: _____ Cell: _____

Contact person (if different than owner): _____

Address: _____

Phone: _____ Fax: _____

Email address: _____ Cell: _____

C. Consultant:

Owner: _____ Phone: _____

Address: _____

Email address: _____ Cell: _____

D. This application is for:

☐ A new operation

☐ An existing operation, expanding number of animals

☐ An existing operation not expanding (renewing only)

☐ An existing operation which is expanding number of animals with structural changes/modifications

For (must check one): ☐ An open feedlot ☐ A confinement operation ☐ A combined CAFO

[1] **NPDES:** National Pollutant Discharge Elimination System

[2] **Open Feedlot**: Unroofed or partially roofed area where livestock or poultry are confined for more that 45 days out of any 12-month period.

[3] **Confinement**: Totally roofed area where livestock or poultry are confined for more than 45 days out of any 12-month period.

[4] **Combined**: combined operation includes both of the other two definitions in items 2 & 3, above.

[5] **CAFO**: Concentrated Animal Feeding Operation as defined in 40 CFR 122.23(b). 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.

E**. 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	Confinement Buildings	Open Feedlot Pens		Total Confinement & Open Feedlot		
	Total No. Head [1]	Current Permitted No. Head [2]	Proposed No. Head [3]	Total No. Head [1]+[2]+[3]	x Factor	= AUC[6]
Cattle (other than veal calves or mature dairy cows) which includes beef cattle, steers, cow-calf pairs, dairy heifers or immature dairy cows					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, 7 lbs or more					0.018	
Turkeys, less than 7 lbs					0.0085	
Horses					2.0	
					Total AUC[6]:	

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

☐ Formed manure, or effluent, storage structure- under-building deep pits, outside concrete/steel (total capacity in gallons)
Confinement: _____
Open Lot: _____

☐ Unformed manure or effluent storage structure- earthen basins, lagoons (total capacity in gallons)
Confinement: _____
Open Lot: _____

☐ Dry manure stored in a building or hoop barn (total capacity in cubic feet)
Confinement: _____

☐ Egg wash water storage structure (total capacity in gallons)
Confinement: _____

☐ Alternative Technologies[7] [total surface area of vegetative treatment areas (VTAs) or vegetative infiltration basins (VIBs)]
Acres: _____

G. Name of the closest receiving watercourse if a discharge occurred: _____

[6] **AUC:** Animal Unit Capacity as defined in 567 IAC 65.1. You must combine animals in confinement buildings and open lot pens that are under common management or ownership.

[7] AT Systems require extensive monitoring and reporting which will be required conditions in any NPDES permit. An application for a permit does not guarantee that a construction permit and NPDES permit will be granted or that any NPDES permit will be renewed.

H. Settled Open Feedlot Effluent Basin (SOFEB) Design Info (For additional SOFEBs, or for more than one SOFEB, please use page 4)**:**

SOFEB #: _____

☐ System Design # (1, 2, 3, or 4): _____

☐ 25 yr - 24 hr Design Rainfall Used: _____ Inches

☐ Total drainage area contributing to SOFEB (including SOFEB surface area): _____ Acres

☐ Freeboard used in storage capacity calculation (maximum liquid level to spillway or top of dike): _____ Feet

☐ Solids accumulation in basin used in storage capacity calculation: _____ Feet or N/A: _____

☐ Lowest top of dike elevation: _____

☐ Must pump elevation for system #4 (elevation to store 25 yr - 24 hr rainfall): _____

☐ Minimum lowering elevation (system # 1, 2, 3, or 5) (elevation that represents 10% of basin capacity): _____

I. Total Contributing Drainage Area of all Feedlots, Production Areas, Fields, Surface Area of SOFEBS, etc.:

_____ (acres)

J. Provide a topographic map of the geographic area in which your operation is located showing the specific location of the production area[8]. Draw line around drainage boundary(s) of all land draining into production area.

K. 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[9]:

1. Has an NMP/MMP/CNMP been developed? ☐ Yes ☐ No
2. Date when the NMP/MMP/CNMP was developed or will be developed: _____
3. Name and Phone of NMP Preparer: _____
4. Date of last review or revision of the NMP/MMP: _____

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: _____ Title: _____
(please print)

Signature: _____ Date: _____

Submittal

Email the completed form, map, and fee form (542-1251) to: npdes.permit.application@dnr.iowa.gov and webmaster@dnr.iowa.gov. then call 515-725-8200 to pay your fees using a credit card.

[8] **Production area** includes open lots, confinement buildings, barnyards, medication pens, animal walkways, stables, manure storage areas, raw material storage areas, etc.
Definitions given here in footnotes 1-6 are paraphrased. For complete definitions, see Chapter 65 in the Iowa Administrative Code. To find references to Iowa Administrative Code (IAC) 567 chapter 65, "Animal Feeding Operations", and the Code of Federal Regulations (CFR) used in this permit go to: https://www.iowadnr.gov/Environmental-Protection/Land-Quality/Animal-Feeding-Operations and https://www.govinfo.gov/app/collection/cfr, respectively.
[9] EQIP stands for Environmental Quality Incentives, a federal cost-share program administered by the USDA Natural Resources Conservation Service. www.nrcs.usda.gov/wps/portal/nrcs/main/national/programs/financial/eqip

Hb. Settled Open Feedlot Effluent Basin (SOFEB) Design Info (in case of multiple SOFEBs)**:**

SOFEB #: _____

☐ System Design # (1, 2, 3, or 4): _____

☐ 25 yr - 24 hr Design Rainfall Used: _____ Inches

☐ Total drainage area contributing to SOFEB (including SOFEB surface area): _____ Acres

☐ Freeboard used in storage capacity calculation (maximum liquid level to spillway or top of dike): _____ Feet

☐ Solids accumulation in basin used in storage capacity calculation: _____ Feet or N/A: _____

☐ Lowest top of dike elevation: _____

☐ Must pump elevation for system #4 (elevation to store 25 yr - 24 hr rainfall): _____

☐ Minimum lowering elevation (system # 1, 2, 3, or 5) (elevation that represents 10% of basin capacity): _____

Hc. Settled Open Feedlot Effluent Basin (SOFEB) Design Info (in case of multiple SOFEBs)**:**

SOFEB #: _____

☐ System Design # (1, 2, 3, or 4): _____

☐ 25 yr - 24 hr Design Rainfall Used: _____ Inches

☐ Total drainage area contributing to SOFEB (including SOFEB surface area): _____ Acres

☐ Freeboard used in storage capacity calculation (maximum liquid level to spillway or top of dike): _____ Feet

☐ Solids accumulation in basin used in storage capacity calculation: _____ Feet or N/A: _____

☐ Lowest top of dike elevation: _____

☐ Must pump elevation for system #4 (elevation to store 25 yr - 24 hr rainfall): _____

☐ Minimum lowering elevation (system # 1, 2, 3, or 5) (elevation that represents 10% of basin capacity): _____

Hd. Settled Open Feedlot Effluent Basin (SOFEB) Design Info (in case of multiple SOFEBs)**:**

SOFEB #: _____

☐ System Design # (1, 2, 3, or 4): _____

☐ 25 yr - 24 hr Design Rainfall Used: _____ Inches

☐ Total drainage area contributing to SOFEB (including SOFEB surface area): _____ Acres

☐ Freeboard used in storage capacity calculation (maximum liquid level to spillway or top of dike): _____ Feet

☐ Solids accumulation in basin used in storage capacity calculation: _____ Feet or N/A: _____

☐ Lowest top of dike elevation: _____

☐ Must pump elevation for system #4 (elevation to store 25 yr - 24 hr rainfall): _____

☐ Minimum lowering elevation (system # 1, 2, 3, or 5) (elevation that represents 10% of basin capacity): _____

He. Settled Open Feedlot Effluent Basin (SOFEB) Design Info (in case of multiple SOFEBs)**:**

SOFEB #: _____

☐ System Design # (1, 2, 3, or 4): _____

☐ 25 yr - 24 hr Design Rainfall Used: _____ Inches

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☐ Lowest top of dike elevation: _____

☐ Must pump elevation for system #4 (elevation to store 25 yr - 24 hr rainfall): _____

☐ Minimum lowering elevation (system # 1, 2, 3, or 5) (elevation that represents 10% of basin capacity): _____

National Pollutant Discharge Elimination System (NPDES) Application Fee Invoice

Facility Name: _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Permit ID #: _____

Fee amount due: _____

Fee due date: _____

This facility is required to submit an $85 application fee with the permit application. Failure to do so will render the application incomplete. The facility is not authorized to discharge beyond the expiration date of the current permit unless a completed application for renewal has been filed with the Department. Failure to provide all the required application materials or fee may result in revocation or suspension of the facility's NPDES permit as noted in Iowa Administrative Code (IAC) 567-64.3(11). Be advised that a discharge of a pollutant without a permit is a violation of IAC 567-62.1(1).

Payment Options:
Electronic - Proceed to https://programs.iowadnr.gov/payments and choose "Pay Individual NPDES and Operation Wastewater Permit Fees". Search for this fee using the permit number or facility name, and follow the on screen instructions. Payments can be made with credit card or electronic check. All payments will include a $1.50 processing fee, and credit card payments will include an additional 2.5% processing fee.

Credit Card over the Phone - Complete this form using the Name of Contact and Title blanks below, email the form to webmaster@dnr.iowa.gov, then call 515-725-8200 to pay with a credit card.

Paper - Complete this form using the Name of Contact and Title blanks below, and return this form together with a check or money order made payable to "Iowa Department of Natural Resources".

Printed Name of Contact
(Owner or Representative): _____

Title: _____

Mail to:
Iowa Department of Natural Resources
6200 Park Ave Ste 200
Des Moines IA 50321

CASHIER USE ONLY
0945-542-NPDE-PM-0570-32-3201
Permit ID #
Facility Name