



**APPLICATION TO OBTAIN A STATE PERMIT
ASSOCIATED WITH ANIMAL FEEDING OPERATIONS**
NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY
DIVISION OF WATER QUALITY
SFN 8296 (08-2021)

FOR DEPT. USE ONLY

Application Number
Date Received

GENERAL INFORMATION

1. Legal Name of Organization Responsible for Facility		2. Telephone Number	
3. Mailing Address	4. City	5. State/Province	6. Zip Code
7. Name of Facility	8. Contact Person Name	9. Contact Telephone Number	
10. Contact Mailing Address	11. City	12. State/Province	13. ZIP Code
14. Contact Email Address			
15. Location of the facility ¼ ¼ SEC. TWP. RGE.			16. County

ANIMAL INFORMATION

17. Animal Type	18. Max Number of Animals	19. Avg Weight of Animals	20. Days Animals Handled per Year	21. Confinement Type
22. Animal Type	23. Max Number of Animals	24. Avg Weight of Animals	25. Days Animals Handled per Year	26. Confinement Type
27. Animal Type	28. Max Number of Animals	29. Avg Weight of Animals	30. Days Animals Handled per Year	31. Confinement Type

WASTE CONTAINMENT AND STORAGE

32. Containment/Storage Type	33. Max Capacity (indicate units)	34. Est. amt. Waste Generated per Year (indicate units)	35. Material
36. Containment/Storage Type	37. Max Capacity (indicate units)	38. Est. amt. Waste Generated per Year (indicate units)	39. Material
40. Containment/Storage Type	41. Max Capacity (indicate units)	42. Est. amt. Waste Generated per Year (indicate units)	43. Material

WASTE HANDLING

44. Total Acres Controlled and Available for Land Application	45. Est. amt. of Waste Transferred per Year (indicate units)	46. Material
47. Total Acres Controlled and Available for Land Application	48. Est. amt. of Waste Transferred per Year (indicate units)	49. Material
50. Total Acres Controlled and Available for Land Application	51. Est. amt. of Waste Transferred per Year (indicate units)	52. Material

53. Provide a brief description of how animal mortalities will be handled

The following additional attachments must be submitted at least 180 days prior to the time permit coverage is needed in addition to this application:

1. A topographic map of the area where the facility is or proposed to be located which shows the specific production area.
2. Designs, including location, for all manure storage and water pollution control structures and site-specific background information as specified in the North Dakota Livestock Program Design Manual. Design plans developed by anyone other than the facility owner must be signed by the engineer who prepared or supervised the preparation of the plans under North Dakota Administrative Code chapter 33.1-16-03.1-08.
3. Site-specific information on topography, surface water, groundwater, and soil geology.
4. A nutrient management plan or information related to a nutrient management plan as specified in subsections 4 and 5 of North Dakota Administrative Code 33.1-16-03.1-08.
5. All submitted applications where local zoning has been properly established shall contain documentation of approval from the zoning authority. If such documentation has not been provided, the application process shall be put on hold until the required approval documentation has been received by this department.

Facilities must receive department approval prior to construction.

SIGNATURE

RETURN COMPLETED APPLICATION TO: North Dakota Dept. of Env. Quality Division of Water Quality 4201 Normandy Street Bismarck, ND 58503-1324 Telephone: (701) 328-5210	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 gather and evaluate the information submitted. Based on inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted, 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.	
	54. Printed Name of Applicant(s)	55. Title
	56. Signature of Applicant(s)	57. Date

(Attach additional pages if needed)

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<input type="checkbox"/> Individual	<input type="checkbox"/> General	
Design	NMP	Zoning

Instructions

Submission of this application is notice that the applicant identified on the application intends to obtain coverage under a state individual permit associated with Animal Feeding Operations in the state of North Dakota.

General Information

1. **Legal Name of Organization Responsible for Facility.** List the individual, company, organization or entity for which the legal responsibility falls.
2. **Telephone Number.** Provide a valid telephone number of organization responsible for facility.
- 3 through 6. **Mailing Address.** Provide a valid mailing address for organization responsible for facility.
7. **Name of Facility.** Provide the name of the facility.
8. **Contact Person Name.** Provide name of the main contact for the facility.
9. **Contact Telephone Number.** Provide a valid phone number for the main contact for the facility.
- 10 through 13. **Contact Mailing Address.** Provide a valid mailing address for the main contact for the facility.
14. **Contact Email Address.** Provide a valid email address for the main contact for the facility.
- 15 through 16. **Township, Range, Section, and Quarter Section.** Provide the numerical township, range, section and county of the facility. Provide the quarter section in the ABCD format. (See *Figure 1*).
- 17, 22, and 27. **Animal Type.** Select the animal type from the drop down.
- 18, 23, and 28. **Max Number of Animals.** Enter the maximum number of animals the facility is designed for.
- 21, 26, and 31. **Confinement Type.** Select the confinement type from the drop down.
- 32, 36, and 40. **Containment/Storage Type.** Select the containment/storage type from the drop down for waste generated at the facility.
- 33, 37, and 41. **Max Capacity.** Enter the maximum capacity of the containment/storage structure along with the units (e.g. gallons, million gallons, etc.).
- 34, 38, and 42. **Est. amt. Waste Generated per Year.** Enter the estimated amount of waste that is produced at the facility per year.
- 35, 39, and 43. **Material.** Select the type of material the waste is from the drop down list.
- 44, 47, and 50. **Total Acres Controlled and Available for Land Application.** Enter the total number of acres that are controlled and available for land application.
- 45, 46, and 51. **Estimated amount of Waste Transferred per Year.** Enter the estimated amount of waste which is transferred per year and indicate the units.
- 46, 49, and 52. **Material.** Select the material type from the drop down list.
53. **Provide a brief description of how animal mortalities will be handled.** Describe how animal mortalities are planned to be handled.
54. **Printed Name of Applicant(s).** Enter the name of the applicant(s).
55. **Title.** Enter the title for the signatory listed.
56. **Signature of Applicant.** Signature of applicant listed. Signature must be an original "wet ink" signature.
57. **Date.** Enter the date which the application was signed.

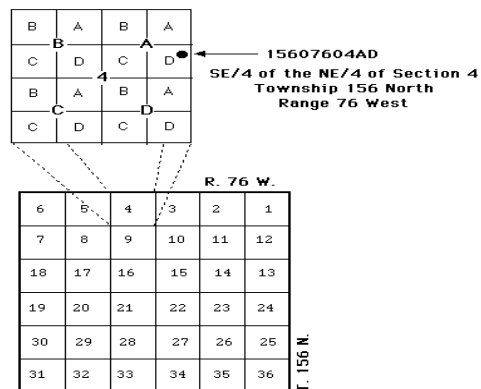


Figure 1: ABCD Quarter Section format