|  |  |
| --- | --- |
| The TCE Blue and Green Logo | **Electronic Waiver Request for Concentrated Animal Feeding Operations (CAFO) under General Permit (TXG920000)** |

A Large CAFO, as defined in the CAFO general permit, must request a waiver from e-reporting requirements codified in 40 Code of Federal Regulations §127.15 OR be required to submit CAFO applications such as Change in Permittee (CIP), Notice of Change (NOC), Notice of Termination (NOT) electronically.

Are you requesting a waiver from e-reporting requirements?

[ ]  Yes, Indicate the type of waiver below.

[ ]  Temporary Waiver

[ ]  Permanent Waiver (available to facilities and entities owned or operated by members of religious communities that choose not to use certain modern technologies (e.g., computers, electricity))

[ ]  No, you must submit your application (CIP, NOC, and NOT) electronically through TCEQ ePermits system (STEERS) at <https://www3.tceq.texas.gov/steers/index.cfm>. Check [How to Apply through STEERS](https://www.tceq.texas.gov/assets/public/assistance/sblga/How_to_Create_a_STEERS_Account.pdf).

If an electronic waiver request is granted, the Applicant(s) seeking authorization, or an authorized permittee(s) may continue to submit CAFO applications and annual reports to TCEQ in a paper format.

Note:

* An approved waiver is not transferrable.
* Each Owner or Operator must request his own waiver.
* Temporary waiver will not extend beyond five years. However, permittees may re-apply for a new temporary waiver, if needed.
* Temporary waivers expire when the CAFO General Permit expires, which is July 20, 2024.

**State Only CAFOs are not required to comply with this requirement.**

|  |  |
| --- | --- |
| The TCEQ  Blue and Green Logo   | Notice of Intent (NOI) for Concentrated Animal Feeding Operations under General Permit (TXG920000) |

**IMPORTANT:**

Use the [INSTRUCTIONS](#INSTRUCTIONS) to fill out each question in this form.

Once processed, your authorization can be viewed at: <http://www.tceq.texas.gov/goto/wq-dpa>

**APPLICATION FEE:**

You must pay the application fee to the Texas Commission on Environmental Quality (TCEQ) for the application to be complete.

Payment and NOI must be mailed to separate addresses.

You can pay online:

Go to <http://www.tceq.texas.gov/goto/epay>

Select Fee Type: GENERAL PERMIT WASTEWATER DISCHARGE APPLICATION

The application fee amount is based on the application type

New authorization for a facility not currently authorized $350

Significant expansion of an existing authorization $350

Renewal of an existing authorization $100 \*

Change in permittee of an existing authorization $100 \*

 **\***Fee reduced to $75 if applying through epermits

**Provide your payment information below for verification of payment**

Mailed Check/Money Order Number: Click here to enter text

 Check/Money Order Amount: Click here to enter text.

 Name Printed on Check: Click here to enter text.

EPAY Voucher Number: Click here to enter text

 Copy of Payment Voucher enclosed? Yes [ ]

**APPLICATION TYPE:**

[ ]   New authorization for a facility not currently authorized

 Attach the completed Technical Report.

[ ]   Significant expansion of an existing Authorization Number: TXG92 Click here to enter

 Attach the completed Technical Report.

[ ]   Renewal of an existing Authorization Number: TXG92Click here to enter text

 Technical Report is not required.

[ ]   Change in Permittee for Authorization Number: TXG92Click here to enter text

What is the proposed date of the transaction or date of transfer? You must submit this form to TCEQ 10 days prior to the transaction. Click here to enter text

Technical Report is not required.

# SECTION 1. OWNER (APPLICANT)

If there is more than one owner, complete Attachment A for each additional owner.

1. If the applicant is currently a customer with TCEQ, what is the Customer Number (CN) issued to this entity? CNClick here to enter text.
2. What is the Legal Name of the entity (applicant) applying for this permit? (The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal document forming the entity.)Click here to enter text.
3. Complete and attach a Core Data Form (TCEQ-10400) for this customer.

# SECTION 2. OPERATOR (APPLICANT)

Is the facility owned by one person and operated by another?

[ ]   Yes, complete section below.

[ ]   No, go to Section 3.

If there is more than one operator, complete Attachment A for each additional operator.

1. If the applicant is currently a customer with TCEQ, what is the Customer Number (CN) issued to this entity? CNClick here to enter text.
2. What is the Legal Name of the entity (applicant) applying for this permit? (The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal document forming the entity.) Click here to enter text.
3. Complete and attach a Core Data Form (TCEQ-10400) for this customer).

# SECTION 3. ANNUAL BILLING CONTACT

The applicant is responsible for paying the annual fee. The annual fee will be assessed to permits active on September 1 of each year. TCEQ will send a bill to the address provided in this section. The applicant is responsible for terminating the permit when it is no longer needed.

Is the billing contact and contact information the same as the Owner or the Operator identified in Section 1. or Section 2. above?

[ ]   Yes, specify which applicant on the line below and go to Section 4.

Click here to enter text

[ ]   No, complete this Section.

Prefix (Mr. Ms. or Miss): Click here to enter text

First and Last Name: Click here to enter text

Suffix: Click here to enter text.

Title: Click here to enter text

Credentials: Click here to enter text

Organization Name: Click here to enter text.

Phone Number: Click here to enter text. Fax Number: Click here to enter text.

Email: Click here to enter text

Mailing Address: Click here to enter text.

City, State, and Zip Code: Click here to enter text

# SECTION 4. APPLICATION CONTACT

This is the person TCEQ will contact if additional information is needed about this application.

Is the application contact and contact information the same as the Owner or Operator identified in Section 1. or Section 2. above?

[ ]   Yes, specify which applicant on the line below and go to Section 5.

Click here to enter text.

[ ]   No, complete this Section.

Prefix (Mr. Ms. or Miss): Click here to enter text

First and Last Name: Click here to enter text.

Suffix: Click here to enter text.

Title: Click here to enter text.

Credentials: Click here to enter text.

Organization Name: Click here to enter text.

Phone Number: Click here to enter text Fax Number:Click here to enter text

Email: Click here to enter text

Mailing Address: Click here to enter text.

City, State, and Zip Code: Click here to enter text

# SECTION 5. REGULATED ENTITY (RE) INFORMATION ON PROJECT OR SITE

1. If this is an existing permitted site, what is the Regulated Entity Number (RN) issued to this site? RN Click here to enter text.
2. Name of project or site as known by the local community: Click here to enter text
3. Complete the CAFO Plain Language Summary Template (English) for CAFO Permit Applications and submit with this application.

If a bilingual education program is required by the Texas Education Code at the nearest elementary or middle school to the facility or proposed facility, also complete the [CAFO Plain Language Summary Template](https://www.tceq.texas.gov/permitting/wastewater/review/maintenance_forms.html) (Spanish) or provide a translated copy of the completed English plain language summary in the appropriate alternative language if different from Spanish.

# SECTION 6. GENERAL CHARACTERISTICS

1. What is the authorization type that you are seeking? See the general permit for definition of types.

[ ]   TPDES Large CAFO [ ]   TPDES Medium CAFO

[ ]   State Only CAFO [ ]   TPDES Small CAFO

1. Is the facility currently in operation?

[ ]   Yes

[ ]   No, Any CAFO that obtains authorization under this general permit must be operational within 18 months of the date of the CAFOs authorization or must terminate coverage under this general permit by submitting a notice of termination.

1. Is this site located on Indian Country Lands?

[ ]   Yes, do not submit this application form. You must obtain authorization through EPA, Region 6.

[ ]   No

1. Is the facility located in a protection zone of a sole source drinking water supply?

[ ]   Yes, You must obtain authorization through an individual permit.

[ ]   No

[ ]   Not Applicable, This is a Dry Litter Poultry Facility.

1. Has a Pollution Prevention Plan (PPP) been prepared as required by the general permit?

[ ]   Yes

[ ]   No, Coverage may be denied as the PPP is required at the time the NOI is submitted.

1. What is the name(s) of the receiving water body? Click here to enter text.
2. What is the segment number(s) of the receiving water body? Click here to enter text.

## Animal Type and Head Count

1. In the table below, identify the Standard Industrial Classification (SIC) Code and Animal Type. Provide the currently authorized or proposed head count for each Animal Type.

**For a renewal or change in permittee, you cannot change the currently authorized animal type or head count.**

1. For a significant expansion, state the proposed change in animal type or head count: Click here to enter text.
2. For new or significant expansion, provide the number of animals in Open Confinement: Click here to enter text.

| **SIC Code and Animal Type** | **Proposed Head Count** | **Currently Authorized Head Count** |
| --- | --- | --- |
| 0241 – Total Dairy Cattle |  |  |
| How many of the total dairy cattle are milking cattle? |  |  |
| 0211 – Beef Cattle Feedlot |  |  |
| 0212 – Veal Calves |  |  |
| 0213 – Total Swine |  |  |
| How many of the total swine are less than 55 lbs? |  |  |
| How many of the total swine are 55 lbs or over? |  |  |
| 0253 – Turkeys |  |  |
| 0272 – Horses |  |  |
| 0214 – Sheep or Lambs |  |  |
| 0252 – Laying Hens[ ]   Dry Litter[ ]   Liquid Manure |  |  |
| 0251 – Chickens/Broilers[ ]   Dry Litter[ ]   Liquid Manure |  |  |
| 0259 – Ducks[ ]   Dry Litter[ ]   Liquid Manure |  |  |
| Other Animal TypeIdentify the animal type: Click here to enter text.Provide the SIC Code: Click here to enter text. |  |  |

## Manure, Sludge, and Wastewater Production and Use

1. What is the duration of manure storage?

[ ]   Temporary Storage

[ ]   Storage for more than 30 days

1. What is the estimated amount of wastewater generated annually by the facility, in acre-feet? Click here to enter text
2. What is the estimated amount of manure generated annually by the facility, in tons? Click here to enter text
3. Is manure, sludge, or wastewater transferred to another person?

[ ]   Yes, Answer questions 1. and 2. below.

1. What is the estimated amount of wastewater transferred to other persons, acre-feet? Click here to enter text

2. What is the estimated amount of manure transferred to other persons, tons? Click here to enter text

[ ]   No

1. Are you using alternative methods for manure, sludge, or wastewater disposal?

[ ]   Yes, Select the alternative methods.

[ ]   Compost Facility[ ]   Evaporation

[ ]   Contract Hauler[ ]   Energy Generation

[ ]   Pelletizing[ ]   Other, specify: Click here to enter text.

[ ]   No

1. State Only, Change in Permittee (CIP) and Renewal
2. Is any manure, sludge or wastewater land applied on Land Management Units (LMUs)?

[ ]   Yes, Complete Table 1 below. Add additional rows to Table 1 as needed.

[ ]   No

1. For TPDES Large CAFO CIP, what is the date of the last revision or review of the Nutrient Management Plan (NMP)?Click here to enter text

**Table 1. Land Application Summary**

| **LMU Name** | **Acres** | **Estimated Application Rate (acre-inches/acre/yr or tons/acre/yr)** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Are there Retention Control Structures (RCSs)?

[ ]   Yes, Complete Table 2 below. Add additional rows to Table 2 as needed.

Identify the RCSs that act in series or indicate that none act in series. Click here to enter text

[ ]   No, This is a dry litter poultry facility.

**Table 2. Retention Control Structure Information**

| **RCS Name** | **Structure Type** | **Days of Storage** | **Required Capacity** **(acre-feet)** | **Drainage Area acreage (acres)** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
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## Air Authorization

1. How are Air Emissions from this facility authorized?

[ ]   Permit-by-Rule in 30 TAC 106 Subchapter F

[ ]   Individual Air Quality Permit under 30 TAC Chapter 116

[ ]   Air Standard Permit for Animal Feeding Operations in 30 TAC Section 321.43

If Air Standard Permit is selected, answer questions 1. and 2. below.

1. When did the facility start operations or plan to start operations?

[ ]   Operation started after 8/19/1998

Which option will the CAFO use to meet the requirement for the Air Standard Permit?

[ ]   1/2-mile buffer [ ]   1/4-mile buffer and odor control plan

[ ]   Operation started on or before 8/19/1998

Which option will the CAFO use to meet the requirement for the Air Standard Permit?

[ ]   1/4-mile buffer [ ]   odor control plan

2. Is a written letter of consent from an affected landowner being used in lieu of meeting the buffer distance specified?

[ ]   Yes, provide the first and last name of the affected landowner.

Click here to enter text.

[ ]   No

[ ]   Buffer is not required.

## Required Maps

In the event of a conflict between information provided on the map and in the application, the information in the application is what will be authorized. **No maps are** **required for a renewal application**.

1. **USGS Topographic Map**. Provide an original USGS Topographic Map with scale showing the specific location of the production area and facility boundaries. For currently authorized facilities, a high-quality copy of a topographic map may be used in lieu of the original map.

Is the USGS Topographic Map included with this application? [ ]   Yes

1. **Site Map**. Provide a Site Map clearly delineating and labeling the location of all operations and characteristics. The map must show the production area and include, at a minimum, pens and open lots, barns, berms, permanent manure storage areas, composting areas, control facilities including RCSs, water wells (abandoned and in use), surface water in the state, and dead animal burial sites.

Is the Site Map included with this application? [ ]   Yes

1. **LMU Map**. Provide a LMU Map clearly delineating and labeling each LMU listed in the application. The map must include, at a minimum, the following information: 1) the boundary and acreage of each LMU, 2) all buffer zones required by the general permit, 3) the location of the production area, 4) water wells, abandoned and in use, which are on-site or within 500 feet of the facility boundary, 5) all surface water in the state located on-site and within one mile of the facility boundary, and 6) the facility boundary.

Is the LMU Map included with this application? [ ]   Yes

# SECTION 7. CERTIFICATION

I certify that I have obtained a copy and understand the terms and conditions of

the General Permit TXG920000. Yes [ ]

I certify that the activities at this site qualify for coverage under the general permit

TXG920000. Yes [ ]

I understand that a Notice of Termination (NOT) must be submitted when this

authorization is no longer needed. Yes [ ]

I understand that permits active on September 1st of each year will be assessed an

Annual Water Quality Fee. Yes [ ]

I certify that the full legal name of the entity applying for this permit has been

provided and is legally authorized to do business in Texas. Yes [ ]

## Owner Certification:

Owner Signatory Name: Click here to enter text.

Owner Signatory Title: Click here to enter text.

**Water Quality 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 gather and evaluate 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 there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I further certify that I am authorized under 30 Texas Administrative Code §305.44 to sign and submit this document, and can provide documentation in proof of such authorization upon request.

**Air Standard Permit Certification**

[ ]   Yes, I am [ ]   No, I'm not

requesting coverage under the Air Standard Permit for Animal Feeding Operations located in 30 TAC Subchapter 321, Subchapter B. I have read the requirements for this air standard permit. I hereby certify that this facility will be constructed and operated in accordance with the requirements of this air standard permit. I will also maintain the documentation required to show compliance with the air standard permit on-site.

The signature below confirms that I have knowledge of the facts included in this application and that these facts are true and correct to the best of my knowledge and belief. I further state that to the best of my knowledge and belief, the project for which application is made will not in any way violate any provision of the Texas Water Code (TWC), chapter 7; Texas Clean Air Act (TCAA), as amended, or any of the air quality rules and regulations of the Texas Commission on Environmental Quality or any local governmental ordinance or resolution enacted pursuant to the TCAA. I further state that I have read and understand TWC statements or representations in this application, and TWC Section 7.187 pertaining to CRIMINAL PENALTIES.

Signature (use blue ink): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

## Operator Certification:

Operator Signatory Name: Click here to enter text

Operator Signatory Title: Click here to enter text

Water Quality 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 gather and evaluate 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 there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I further certify that I am authorized under 30 Texas Administrative Code §305.44 to sign and submit this document, and can provide documentation in proof of such authorization upon request.

**Air Standard Permit Certification**

[ ]   Yes, I am [ ]   No, I'm not

requesting coverage under the Air Standard Permit for Animal Feeding Operations located in 30 TAC Subchapter 321, Subchapter B. I have read the requirements for this air standard permit. I hereby certify that this facility will be constructed and operated in accordance with the requirements of this air standard permit. I will also maintain the documentation required to show compliance with the air standard permit on-site.

The signature below confirms that I have knowledge of the facts included in this application and that these facts are true and correct to the best of my knowledge and belief. I further state that to the best of my knowledge and belief, the project for which application is made will not in any way violate any provision of the Texas Water Code (TWC), chapter 7; Texas Clean Air Act (TCAA), as amended, or any of the air quality rules and regulations of the Texas Commission on Environmental Quality or any local governmental ordinance or resolution enacted pursuant to the TCAA. I further state that I have read and understand TWC statements or representations in this application, and TWC Section 7.187 pertaining to CRIMINAL PENALTIES.

Signature (use blue ink): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Attachment A

Co-Applicant Information and Certification

Use this page to provide information and certification if there is more than one owner or operator.

Is this co-applicant an owner or operator? Owner [ ]    Operator [ ]

1. If the co-applicant is currently a customer with TCEQ, what is the Customer Number (CN) issued to this entity? CN Click here to enter text.
2. What is the Legal Name of the entity applying for this permit? (The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal document forming the entity.) Click here to enter text
3. Submit a Core Data Form (TCEQ 10400) for this customer.

## Co-Applicant Certification:

Co-Applicant Signatory Name: Click here to enter text.

Co-Applicant Signatory Title: Click here to enter text

**Water Quality 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 gather and evaluate 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 there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I further certify that I am authorized under 30 Texas Administrative Code §305.44 to sign and submit this document, and can provide documentation in proof of such authorization upon request.

**Air Standard Permit Certification**

[ ]   Yes, I am [ ]   No, I'm not

requesting coverage under the Air Standard Permit for Animal Feeding Operations located in 30 TAC Subchapter 321, Subchapter B. I have read the requirements for this air standard permit. I hereby certify that this facility will be constructed and operated in accordance with the requirements of this air standard permit. I will also maintain the documentation required to show compliance with the air standard permit on-site.

The signature below confirms that I have knowledge of the facts included in this application and that these facts are true and correct to the best of my knowledge and belief. I further state that to the best of my knowledge and belief, the project for which application is made will not in any way violate any provision of the Texas Water Code (TWC), chapter 7; Texas Clean Air Act (TCAA), as amended, or any of the air quality rules and regulations of the Texas Commission on Environmental Quality or any local governmental ordinance or resolution enacted pursuant to the TCAA. I further state that I have read and understand TWC statements or representations in this application, and TWC Section 7.187 pertaining to CRIMINAL PENALTIES.

Signature (use blue ink): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Texas Commission on Environmental Quality

General Permit Payment Submittal Form

Use this form to submit your Application Fee only if you are mailing your payment.

Complete items 1 through 5 below.

* Staple your check in the space provided at the bottom of this document.
* **Do not mail this form with your NOI form**.
* **Do not mail this form to the same address as your NOI**.

**Mail this form and your check to:**

BY REGULAR U.S. MAIL

Texas Commission on Environmental Quality

Financial Administration Division

Cashier’s Office, MC-214

P.O. Box 13088

Austin, TX 78711-3088

BY OVERNIGHT/EXPRESS MAIL

Texas Commission on Environmental Quality

Financial Administration Division

Cashier’s Office, MC-214

12100 Park 35 Circle

Austin, TX 78753

Fee Code: GPA General Permit: TXG920000

1. Check / Money Order No: Click here to enter text
2. Amount of Check/Money Order: Click here to enter text.
3. Date of Check or Money Order: Click here to enter text.
4. Name on Check or Money Order: Click here to enter text
5. NOI INFORMATION

If the check is for more than one NOI, list each Project/Site (RE) Name and Physical Address exactly as provided on the NOI. DO NOT SUBMIT A COPY OF THE NOI WITH THIS FORM AS IT COULD CAUSE DUPLICATE PERMIT ENTRIES.

If more space is needed, you may attach a list.

Project/Site (RE) Name: Click here to enter text.

Project/Site (RE) Physical Address: Click here to enter text.

Staple Check in This Space

TCEQ - 20134

# TECHINICAL REPORT FOR GENERAL PERMIT TXG920000

**This report is required for new and significant expansion applications only.**

**Provide a brief narrative of your request:** Click here to enter text.

# Section 1. Pollutant Sources Management

For each potential pollutant source listed in the table below, provide the management practices utilized or enter Not Applicable. Management practices should address the collection, storage and final disposition of each potential pollutant source.

**Table 1: Pollutant Source and Management**

| **Potential Pollutant Source** | **Best Management Practices** |
| --- | --- |
| Manure and Manure Stockpiles |  |
| Wastewater |  |
| Sludge |  |
| Compost |  |
| Feed and Bedding |  |
| Silage stockpiles |  |
| Dead animals |  |
| Dust |  |
| Lubricants |  |
| Pesticides |  |
| Bulk cleaning chemicals |  |
| Inorganic fertilizers |  |
| Fuel storage tanks |  |
| Other, specify: Click here to enter text. |  |

# Section 2. Retention Control Structure (RCS)

[ ]    This section is not applicable for Dry Litter Poultry CAFOs. Go to Section 3.

1. Is any part of the production area located in the 100-year floodplain?

[ ]    Yes

[ ]    No

1. Are any playa lakes used for RCSs?

[ ]    Yes

[ ]    No

1. Provide the designed volumes for each RCS according to the design calculations and constructed capacities certified by the licensed Texas Professional Engineer. Add additional rows to Table 2 as needed.

**Table 2: Volume Allocations for Retention Control Structures, Acre-Feet**

| **RCS Name** | **Design Rainfall Event Runoff** | **Process Generated Wastewater** | **Minimum Treatment Volume** | **Sludge Accumulation** | **Water Balance** | **Required Capacity** | **Constructed or Proposed Capacity** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
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# Section 3. Land Application

1. What is the critical Phosphorus Threshold (parts per million, ppm) based on the location of the facility?

[ ]    200 ppm

[ ]    350 ppm

1. What is the total number of acres available for land application? Click here to enter text.

# Section 4. Nutrient Management Plan (NMP)

1. Is this facility a TPDES Large CAFO?

[ ]    Yes, Complete this Section.

[ ]    No, go to Section 5.

1. Is there any manure, sludge or wastewater land applied on Land Management Units (LMUs)?

[ ]    Yes, Complete tables 3 and 4. Add additional rows as needed.

[ ]    No, Complete tables 3 and 4 and provide a copy of the NMP showing "No land application is planned."

1. Complete Table 3 using information from your NMP.

**Table 3: Land Application Summary from NMP**

| **LMU Name** | **Acres** | **Crop(s) and Yield Goal(s)** | **Nitrogen Maximum Application Rate (lbs/acre)** | **Phosphorus (as P2O5) Maximum Application Rate (lbs/acre)** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Complete Table 4 using information on the Phosphorus Index Worksheet in your NMP or attach a copy of the Phosphorus Index by Field Table from the NMP.

**Table 4: Data Elements for Phosphorus Index Rating**

| LMU Name |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Slope, % |  |  |  |  |  |  |
| Dominant Hydrologic Soil Group |  |  |  |  |  |  |
| Runoff Curve Number |  |  |  |  |  |  |
| Soil Test P Level, index points |  |  |  |  |  |  |
| Inorganic P2O5 Application Rate, index points |  |  |  |  |  |  |
| Organic P2O5 Application Rate, index points |  |  |  |  |  |  |
| Inorganic Method & Timing, index points |  |  |  |  |  |  |
| Organic Method & Timing, index points |  |  |  |  |  |  |
| Proximity of Application to Named Stream, index points |  |  |  |  |  |  |
| Runoff Class, index points |  |  |  |  |  |  |
| Soil Erosion, index points |  |  |  |  |  |  |
| Total Index Points |  |  |  |  |  |  |
| P Runoff Potential |  |  |  |  |  |  |
| N-Leaching Index Test Required (yes or no) |  |  |  |  |  |  |
| Soil Test Date |  |  |  |  |  |  |

1. Are alternative crops and yield goals being proposed?

[ ]    Yes, go to item f.

[ ]    No, go to item g.

1. Are the alternative crops and yield goals the same for all LMUs?

[ ]    Yes, Complete Table 5 below for the first LMU only.

[ ]    No, Complete Table 5 below for each LMU. Add additional rows as needed.

**Table 5: Alternative Crop(s) and Yield Goal(s)**

| **LMU Name** | **Crop(s)** | **Yield Goal(s)** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. What is the date of the NMP (new NOI) or last review or revision of the NMP (existing CAFO)? Click here to enter text.
2. Has the NMP has been developed and certified by a Certified Nutrient Management Specialist?

[ ]    Yes

[ ]    No, Coverage may be denied because the NMP must be certified by a Certified Nutrient Management Specialist.

# Section 5. Public Notice Information

1. Identify the person responsible for publishing notice of the Executive Director’s Preliminary Decision on the NOI, NMP, and Technical Report:

Name: Click here to enter text.

Address: Click here to enter text.

City, State, Zip Code: Click here to enter text

Phone Number: Click here to enter text

1. Identify the public location where the NOI, NMP, Technical Report, Executive Director’s Technical Summary, and CAFO General Permit may be reviewed and copied by the public.

Name of Place: Click here to enter text

Address of Place: Click here to enter text

City, State, Zip Code: Click here to enter text

County of Place: Click here to enter text

If the facility is located in more than one county, provide the public location for the additional county or counties on a separate attachment.

# Section 6. Attachments

Attach the following documents to this Technical Report:

1. Maps
2. Vicinity map
3. Runoff Control map
4. NRCS Soil map
5. Professional Certifications
6. Recharge Feature Certification with supporting documents
7. RCS Design Calculations
8. RCS Hydrologic Connection (for significant expansion only)
9. RCS Constructed Capacity (for significant expansion only)
10. Land Application for TPDES Large CAFO
11. Copy of previous year’s annual soil sampling analyses
12. Nutrient Management Plan
13. Air Standard Permit Summary, if applicable
14. Area Land Use Map. This map must identify property lines, permanent odor sources, and distances and direction to any occupied residence or business structure, school (including associated recreational areas), structure containing a place of worship, or public park within one-mile radius of the permanent odor sources at the AFO. The map shall include the north arrow, scale of map, buffer distances, and date that the map was generated and the date that the distances were verified.
15. Odor Control Plan. The odor control plan must identify all structural and management practices that the applicant will employ to minimize odor and control air contaminants. The plan must include procedures for manure collection; manure, sludge and wastewater storage; land application, dead animal handling, and dust control.
16. Written Consent Letters, if applicable. The letter(s) must contain the minimum requirements established in 30 TAC §321.43(j)(2)(D).

Instructions for Notice of Intent (NOI) for Concentrated Animal Feeding Operations under General Permit TXG920000

# GENERAL INFORMATION

## Where to Send the Notice of Intent (NOI)

**BY REGULAR U.S. MAIL:**

Texas Commission on Environmental Quality

Water Quality Division (MC-148)

P.O. Box 13087

Austin, Texas 78711-3087

**BY OVERNIGHT/EXPRESS MAIL:**

Texas Commission on Environmental Quality

Water Quality Division (MC-148)

12100 Park 35 Circle

Austin, TX 78753

## Application Fee

The application fee is required to be paid at the time the NOI is submitted. Failure to submit payment at the time the application is filed will cause delays in acknowledgment or denial of coverage under the general permit. Payment of the fee may be made by check or money order, payable to TCEQ, or through EPAY (electronic payment through the web).

**Mailed Payments:**

 Use the attached General Permit Payment Submittal Form. The application fee is submitted to a different address than the NOI. Read the General Permit Payment Submittal Form for further instructions.

**ePAY Electronic Payment:** <http://www.tceq.texas.gov/epay>

When making the payment you must select Water Quality, and then select the fee category “General Permit Wastewater Discharge Application”. You must include a copy of the payment voucher with your NOI. Your NOI will not be considered complete without the payment voucher.

## TCEQ Contact List

Application – status and form questions: 512-239-4671

Technical questions: 512-239-4671

Environmental Law Division: 512-239-0600

Records Management - obtain copies of forms: 512-239-0900

Reports from databases (as available): 512-239-DATA (3282)

Cashier’s office: 512-239-0357 or 512-239-0187

## Notice of Intent Process

When your NOI and Core Data Form are received by the program, the forms will be processed as follows:

1) **Administrative Review:** Each item on the forms will be reviewed for a complete response. In addition, the applicant's legal name must be verified with Texas Secretary of State as valid and active (if applicable). The address(s) on the Core Data Form must be verified with the US Postal service as receiving regular mail delivery. Do not provide an overnight/express mailing address.

An application will not be declared administratively complete or approved if delinquent fees and/or penalties of $25 or more are owed to the TCEQ. All such fees must be paid prior to approval of the NOI.

2) **Notice of Deficiency:** If an item is incomplete or not verifiable as indicated above, a notice of deficiency (NOD) will be mailed to the applicant contact as identified in Section 4 of the NOI form. The applicant contact will have 30 days to respond to the NOD. The response will be reviewed for completeness.

3) **Technical Review:** Applications for a new facility or significant expansion of a currently authorized facility will be reviewed by technical staff when the administrative review is determined complete. If a technical item is incomplete or not verifiable, a NOD will be sent to the applicant’s contact indicated in Section 4 of the NOI. The applicant contact will have 30 days to respond to the NOD. The response will be reviewed for technical completeness.

4) **Acknowledgment of Coverage:** An Acknowledgment Certificate will be mailed to the owner. This certificate acknowledges coverage under the general permit.

-or-

**Denial of Coverage:** If the applicant contact fails to respond to the NOD or the response is inadequate, coverage under the general permit may be denied. If coverage is denied, the operator will be notified.

## General Permit (Your Permit)

Coverage under the general permit begins **as stated in the general permit**. You should have a copy of the general permit when submitting your application. You may view and print the permit for which you are seeking coverage, on the TCEQ website at: [http://www.tceq.texas.gov](http://www.tceq.texas.gov/). Search using keyword TXG920000.

## Annual Water Quality Fee

This fee is assessed to permittees with an active authorization under the general permit on September 1 of each year. The billing contact indicated in Section 3 of the NOI will receive an invoice for payment of the annual fee in November of each year. The payment will be due 30 days from the invoice.

A 5% penalty will be assessed if the payment is not received by TCEQ by the due date. Annual fee assessments cannot be waived as long as the authorization under the general permit is active on September 1.

It is important for the permittees to submit a Notice of Termination (NOT) when coverage under the general permit is no longer required. A NOT is effective on the postmarked date of mailing the form to TCEQ. It is recommended that the NOT be mailed using a method that documents the date mailed and received by TCEQ.

# INSTRUCTIONS FOR FILLING OUT THE NOI

## **Request for electronic reporting waiver - Applicable to TPDES Large CAFOs Only**

Indicate if you want a waiver, temporary or permanent. If a waiver request is granted, the Applicant(s) seeking authorization or permittees that are authorized may continue to submit applications and annual reports to TCEQ in paper format.

If you select “No”, you must submit your application (Change in Permittee, Notice of Termination, and Notice of Change forms and annual reports to TCEQ) electronically through STEERS.

**The waiver request is not applicable to CAFOs that are authorized as State only**.

**Temporary Waivers**

The final rule has the following requirements for temporary waivers from TPDES electronic reporting. The final rule outlines a process for these temporary waiver requests [see 40 CFR 127.15(b)].

It is the duty of the owner, operator, or duly authorized representative of the TPDES-regulated entity to initiate the process by submitting a temporary waiver request.

Each temporary waiver must not extend beyond five years. However, TPDES-regulated entities may re-apply for a new temporary waiver.

An approved temporary waiver is not transferrable to another owner or operator (as defined in 40 CFR 122.2)

**Permanent Waivers**

The final rule has the following requirements for permanent waivers from TPDES electronic reporting. The final rule outlines a process for these permanent waiver requests [see 40 CFR 127.15(c)].

It is the duty of the owner, operator, or duly authorized representative of the TPDES-regulated entity to initiate the process by submitting a permanent waiver request.

Permanent waivers are only available to facilities and entities owned or operated by members of religious communities that choose not to use certain modern technologies (e.g., computers, electricity).

An approved permanent waiver is not transferrable to another owner or operator (as defined in 40 CFR 122.2).

## ****Application Type****

**New Authorization. This application type is for a facility that is not currently authorized under the general permit (GP).**

**Select this application type if you are a new facility** which has not been constructed, or an existing facility which was not required to obtain written authorization because it operated under the head count requiring a permit, or an existing facility whose previous authorization expired, or you are currently operating under a CAFO individual permit and you are now eligible for coverage under the CAFO GP.

**Significant Expansion. This application type is for a facility that is currently authorized under the general permit and is increasing the manure production at the CAFO by more than 50%, above the maximum operating capacity stated in the initial authorization for the facility under TXG920000. Do not use this form for a Substantial Change as defined in the general permit. If this is a substantial change, use form TCEQ 20511.**

**Select this application type and provide the authorization number that TCEQ assigned to the facility. This number will begin with TXG92 followed by 4 digits. Do not use TXG920000,** that is the CAFO general permit number not your authorization number.

**Renewal of General Permit:** Select this application type if you want to continue operation and coverage under the CAFO GP. **Provide the authorization number that TCEQ assigned to the facility. This number will begin with TXG92 followed by 4 digits. Do not use TXG920000,** that is the CAFO general permit number not your authorization number.

Upon issuance of a renewed general permit, permittees holding active authorizations under the expired general permit are required to submit a NOI to continue coverage. If a renewal NOI is not submitted by the deadline specified by TCEQ, existing authorizations under the expired general permit will be considered expired on that date.

**Change in Permittee(s):** Select this application type if there has been a change of ownership or operational control.

An authorization under the general permit is not transferable. If the permittee or co-permittee changes, the current permittee(s) must submit a NOT and the new permittee(s) must submit a NOI and a Core Data Form. The NOT, NOI and Core Data Form must be submitted no later than 10 days prior to the change in status.

Please note that a letter will not make a change in permittee(s) effective. The NOT and NOI will not be processed until the TCEQ is notified that the transaction has occurred.

**Provide the authorization number that TCEQ assigned to the facility. This number will begin with TXG92 followed by 4 digits. Do not use TXG920000,** that is the CAFO general permit number not your authorization number.

Provide the date of the transaction or the date that the transfer of ownership occurred.

## Section 1. and 2. Owner and Operator (Applicant)

If there is more than one owner or operator, complete Attachment A for each additional owner and operator.

**Customer Number (CN)**

TCEQ assigns each customer a number that begins with CN, followed by nine digits. This is not a permit number, registration number, or license number. If the applicant is an existing TCEQ customer, the Customer Number is available at the following website: <http://www15.tceq.texas.gov/crpub/>. If the applicant is not an existing TCEQ customer, leave the space for CN blank.

**Legal Name of Applicant**

Provide the current legal name of the applicant. The name must be provided exactly as filed with the Texas Secretary of State, or on the legal documents forming the entity as filed with the county. If filed in the county, provide a copy of the legal documents showing the legal name.

**Core Data Form**

Complete and attach a Core Data Form (TCEQ 10400) for each customer.

## Section 3. Annual Billing Contact

An annual fee is assessed on active authorizations under the general permit on September 1 of each year. Provide the contact name and complete mailing address where the annual fee invoice should be mailed.

Verify the address with the USPS. It must be an address for delivery of regular mail, not overnight express mail. Also, provide a phone number of the person that is responsible for payment of invoice.

The fax number and e-mail address are optional, but if provided it should correspond to the individual responsible for paying the annual fee.

## Section 4. Application Contact

Provide the name, title and contact information of the person that TCEQ can contact for additional information regarding this application.

## Section 5. Regulated Entity (RE) Information on Project or Site

**Regulated Entity Reference Number (RN)**

The RN is issued by TCEQ to sites where an activity is regulated by TCEQ. This is not a permit number, registration number, or license number. Search TCEQ’s Central Registry to see if the site has an assigned RN at <http://www15.tceq.texas.gov/crpub/>. If this regulated entity has not been assigned an RN, leave this space blank.

If the site of your business is part of a larger business site, an RN may already be assigned for the larger site. Use the RN assigned for the larger site.

If the site is found, provide the assigned RN and provide the information for the site to be authorized through this application. The site information for this authorization may vary from the larger site information.

An example is a chemical plant where a unit is owned or operated by a separate corporation that is accessible by the same physical address of your unit or facility. Other examples include industrial parks identified by one common address but different corporations have control of defined areas within the site. In both cases, an RN would be assigned for the physical address location and the permitted sites would be identified separately under the same RN.

**Name of the Project or Site**

Provide the name of the site or project as known by the public in the area where the site is located. The name you provide on this application will be used in the TCEQ Central Registry as the Regulated Entity name.

Plain Language Summary Template.

Complete the Template and Instructions for the Plain Language Summary for a Concentrated Animal Feeding Operation (CAFO) Permit Application and submit with this notice of intent. This template is a guide for developing a plain language summary for a CAFO permit application as required by the TCEQ Public Participation Plan and Language Access Plan. You may modify the template as necessary to accurately describe your facility as long as the summary includes the following information: (1) the function of the proposed site or facility; (2) the expected output of the proposed site or facility; (3) the expected pollutants that may be emitted or discharged by the proposed site or facility; and (4) how the applicant will control those pollutants, so that the proposed or existing CAFO facility will not have an adverse impact on human health or the environment.

If a bilingual education program is required by the Texas Education Code at the nearest elementary or middle school to the facility or proposed facility also complete the Plain Language Summary Template (Spanish) or provide a translated copy of the completed English plain language summary in the appropriate alternative language if different from Spanish for new and significant expansion.

Download a copy of the template from the TCEQ website at <https://www.tceq.texas.gov/permitting/wastewater/review/maintenance_forms.html>.

## Section 6. General Characteristics

**Authorization Type**

Select the authorization type. Indicate if you are seeking a TPDES Large-CAFO, TPDES Medium-CAFO, TPDES Small-CAFO or State Only-CAFO as defined in the general permit:

**TPDES Large CAFO:** Any AFO which stables and confines and feeds or maintains for a total of 45 days or more in any 12-month period equal to or more than the numbers of animals specified in any of the following categories:

1. 1,000 cattle other than mature dairy cattle or veal calves. Cattle include, but is not limited to, heifers, steers, bulls, and cow/calf pairs;
2. 1,000 veal calves;
3. 700 mature dairy cattle (whether milking or dry cows);
4. 2,500 swine, each weighing 55 pounds or more; 10,000 swine, each weighing less than 55 pounds;
5. 500 horses;
6. 10,000 sheep or lambs;
7. 55,000 turkeys;
8. 125,000 chickens (other than laying hens, if the operation does not use a liquid manure handling system);
9. 30,000 laying hens or broilers (if the operation uses a liquid manure handling system), or 82,000 laying hens (if the operation does not use a liquid manure handling system); or
10. 5,000 ducks (if the operation uses a liquid manure handling system), or 30,000 ducks (if the operation does not use a liquid manure handling system).

**TPDES Medium CAFO:** Any AFO that discharges pollutants into water in the state, either through a man-made ditch, flushing system, or other similar man-made device, or directly into water in the state, with the number of animals specified in any of the following categories:

1. 300 to 999 cattle other than mature dairy cattle or veal calves. Cattle include, but is not limited to, heifers, steers, bulls, and cow/calf pairs;
2. 200 to 699 mature dairy cattle (whether milking or dry cows);
3. 300 to 999 veal calves;
4. 750 to 2,499 swine each weighing 55 pounds or more, or 3,000 to 9,999 swine each weighing less than 55 pounds;
5. 150 to 499 horses;
6. 3,000 to 9,999 sheep or lambs;
7. 16,500 to 54,999 turkeys;
8. 37,500 to 124,999 chickens (other than laying hens if the operation does not use a liquid manure handling system);
9. 9,000 to 29,999 laying hens or broilers (if the operation uses a liquid manure handling system), or 25,000 to 81,999 laying hens (if the operation does not use a liquid manure handling system); or
10. 1,500 to 4,999 ducks (if the operation uses a liquid manure handling system), or 10,000 to 29,999 ducks (if the operation does not use a liquid manure handling system).

**TPDES Small CAFO:** Any AFO that is designated by the executive director as a CAFO because it is a significant contributor of pollutants into water in the state and is not a large or medium CAFO.

**State-only CAFO:** An AFO that falls within the range of animals for a TPDES Medium CAFO and that is located in Bosque, Comanche, Erath, Hamilton, Hopkins, Johnson, Rains, and Wood Counties; or an AFO designated by the Executive Director as a CAFO because it is a significant contributor of pollutants into or adjacent to water in the state.

**Operational Status of CAFO**

If you are already authorized under the CAFO GP, indicate the facility operational status. If a CAFO facility is not operational within 18 months of getting coverage under the CAFO general permit, the permittee can request an extension for additional time to become operational or submit a notice of termination. Upon written request to the TCEQ Water Quality Division, the executive director may grant a one-time extension up to an additional 18 months for the facility to become operational.

**Indian Country Lands**

Indicate if your facility is on Indian Country Lands or not.

If your site is located on Indian Country Lands, the TCEQ does not have authority to process your application. You must obtain authorization through EPA, Region 6, in Dallas. Do not submit this application form to TCEQ.

**Protection Zone of a Sole Source Drinking Water Supply**

**Indicate if your facility is in a protection zone of a sole-source drinking water supply.**

**Any CAFO where any part of the production area of the CAFO is located or proposed to be located within the protection zone of a sole-source surface drinking water supply, except where the operation does not use a liquid manure handling system (dry litter poultry or a beef cattle feedlot) is not eligible for coverage under the CAFO GP, you must apply for coverage under a CAFO individual permit. The area within the watershed of a sole-source surface drinking water supply that is:**

**1) Within two miles of the normal pool elevation, as shown on a United States Geological Survey (USGS) 7 ½ -minute quadrangle topographic map, of a sole-source drinking water supply reservoir;**

**2) Within two miles of that part of a perennial stream that is:**

**(a) A tributary of a sole-source drinking water supply; and**

**(b) Within three linear miles upstream of the normal pool elevation, as shown on a USGS 7 ½-minute quadrangle topographic map, of a sole-source drinking water reservoir; or**

**3) Within two miles of a sole-source surface drinking water supply river, extending three linear miles upstream from the sole-source water supply intake point.**

**Pollution Prevention Plan**

Indicate whether or not a PPP has been developed to meet the requirements for the General Permit by entering yes or no. If marking No, coverage will be denied as the PPP is required at the time that the NOI is submitted to the TCEQ. This plan must be available for a TCEQ investigator to review on request. The requirements for the development of the plan are in the general permit, TXG920000.

**Segment Name**

Provide the classified segment name of the water body where the potential discharge will reach.

**Segment Number**

Provide the classified segment number of the water body where the potential discharge will reach. Find the segment number of the classified water body where wastewater will flow at <http://www.tceq.texas.gov/publications/gi/gi-316/>. For assistance, call the technical staff at 512/239-4671.

**Animal Type and Head Count**

Identify the animal type in column 1 of the table. Please note that Dairy, Swine, and all poultry require additional information.

For New NOIs, provide the proposed maximum head count to be authorized for your animal type.

For a Significant Expansion NOI, provide the proposed maximum head count and provide the currently authorized head count.

For a Renewal NOI, provide the currently authorized head count only. **You cannot change the animal type or head count during renewal**. You can submit a notice of change (or a significant expansion NOI) for any proposed change to the site upon permit renewal.

**Manure Storage**

Indicate the duration of manure storage, temporary storage (less than 30 days) or storage of more than 30 days.

**Annual Wastewater Production**

Provide the total amount of wastewater (acre-feet) projected to be generated annually by the facility. This must reflect the total inflow from the water balance model.

**Annual Manure Production**

Provide the total amount of manure (tons) projected to be generated annually by the facility. This must reflect the manure from the maximum number of head of animals or laying hens to be authorized.

**Manure, Sludge, or Wastewater Transfer**

Indicate if the applicant plans to transfer manure, sludge, and/or wastewater off-site to other persons; and provide the estimated annual quantity in tons of manure and acre-feet of wastewater that the applicant plans to transfer.

**Alternate Uses for Manure, Sludge, or Wastewater**

Indicate if the applicant plans to use alternative methods, other than land application, for the disposal of manure, sludge, or wastewater; and select the alternative use(s).

**For State Only CAFOs, Change in Permittee and Renewal**

Complete this section if you are applying for a State Only authorization, change in ownership or operational control of your facility (Change in Permittee- CIP) or renewal of your authorization under the CAFO GP.

Indicate if manure, sludge, and wastewater generated by the facility is to be land applied, if so, complete the table listing Land Management Units (LMU), the acres for each LMU, and the estimated application rate for each LMU. Add additional rows to the table as needed.

For a TPDES Large CAFO CIP, provide the date of the latest NMP.

**RCS Information**

Indicate if the facility has RCSs. For a CAFO that uses RCSs, indicate if RCSs act in-series and provide the RCSs that are in series, then complete Table 2.

For each RCS, list the name used to identify the RCS, the type of structure (i.e. treatment lagoon, holding pond, storage pond, evaporation pond, settling basin, settling pond, slurry basin, or other), provide the total days of storage in the RCS, the required capacity of the RCS, and the acreage of the drainage area. Add additional rows to the table as needed.

**Air Authorization**

All animal feeding operations, regardless of size, are required to obtain air quality authorization under the Texas Clean Air Act, Texas Health and Safety Code, Chapter 382, Subchapter C.

Select the method for obtaining air authorization for this facility.

**Permit By Rule, Chapter 106, Subchapter F (relating to animal confinement):** This is typically used for the smaller operations and dry litter poultry operations. Certain poultry operations require registration with a PI-7 through the Air Permits Division.

**Individual permit under Chapter 116:** This is one option to authorize facilities that cannot meet the permit by rule. The permit is processed by the Air Permits Division. For details, contact the Air Permits Division and request assistance on agricultural permitting for New Source Review at 512/239-1240.

**Air Standard Permit for Animal Feeding Operations:** Requirements for this authorization are in the CAFO rules at 30 Texas Administrative Code §321.43. Facilities which meet all of the requirements are eligible for coverage. If the facility cannot meet **all** the requirements, then coverage should be obtained under permit-by-rule or individual permit.

**Required Maps**

**USGS Topographic Map**

Provide a USGS topographic map with the application. The map must identify the requested items.

**Site Map**

Provide a site map with the application. The map must identify the requested items.

**LMU Map**

Provide an LMU map with the application. The map must identify the requested items.

## Section 7. Certifications

Indicate “Yes” to the certification items. Failure to indicate “Yes” to ALL of the certification items may result in denial of coverage under the general permit.

The facility owner, the operator, and all co-applicants must sign a certification. The Water Quality Certification is required for all applicants. All applicants must identify if they are or are not requesting Air Standard Permit Authorization. The signature on the bottom of the page is certifying the water quality and air authorization, if applicable.

The certification must bear an original signature of a person meeting the signatory requirements specified under 30 Texas Administrative Code §305.44.

IF YOU ARE A CORPORATION:

The regulation that controls who may sign an application form is 30 Texas Administrative Code §305.44(a), which is provided below. According to this code provision, any corporate representative may sign an NOI or similar form so long as the authority to sign such a document has been delegated to that person in accordance with corporate procedures. By signing the NOI or similar form, you are certifying that such authority has been delegated to you. The TCEQ may request documentation evidencing such authority.

IF YOU ARE A MUNICIPALITY OR OTHER GOVERNMENT ENTITY:

The regulation that controls who may sign an NOI or similar form is 30 Texas Administrative Code §305.44(a), which is provided below. According to this code provision, only a ranking elected official or principal executive officer may sign an NOI or similar form. Persons such as the City Mayor or County Commissioner will be considered ranking elected officials. In order to identify the principal executive officer of your government entity, it may be beneficial to consult your city charter, county or city ordinances, or the Texas statutes under which your government entity was formed. An NOI or similar document that is signed by a government official who is not a ranking elected official or principal executive officer does not conform to §305.44(a) (3). The signatory requirement may not be delegated to a government representative other than those identified in the regulation. By signing the NOI or similar form, you are certifying that you are either a ranking elected official or principal executive officer as required by the administrative code. Documentation demonstrating your position as a ranking elected official or principal executive officer may be requested by the TCEQ.

If you have any questions or need additional information concerning the signatory requirements discussed above, please contact the Texas Commission on Environmental Quality’s Environmental Law Division at 512-239-0600.

30 Texas Administrative Code §305.44. Signatories to Applications

(a) All applications shall be signed as follows.

(1) For a corporation, the application shall be signed by a responsible corporate officer. For purposes of this paragraph, a responsible corporate officer means a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding $25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures. Corporate procedures governing authority to sign permit or post-closure order applications may provide for assignment or delegation to applicable corporate positions rather than to specific individuals.

(2) For a partnership or sole proprietorship, the application shall be signed by a general partner or the proprietor, respectively.

(3) For a municipality, state, federal, or other public agency, the application shall be signed by either a principal executive officer or a ranking elected official. For purposes of this paragraph, a principal executive officer of a federal agency includes the chief executive officer of the agency, or a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., regional administrator of the EPA).

# INSTRUCTIONS FOR FILLING OUT THE TECHNICAL REPORT

## Section 1. Pollutant Sources Management

For each potential pollutant source, provide the management practices will be implemented or enter Not Applicable. Management practices should address the collection, storage, and final disposition of each potential pollutant source. You may attach your list.

## Section 2. Retention Control Structure (RCS)

Indicate if your facility is a dry litter poultry.

Indicate if any part of the production area is located in a 100-year floodplain. The 100-year flood plain is defined as any land area that is subject to a 1.0% or greater chance of flooding in any given year from any source. The Federal Emergency Management Agency (FEMA) has maps for most counties that may be used to determine if the control facilities are located in the 100-year flood plain. To obtain FEMA maps go to <http://www.fema.gov/> or call the FEMA Region 6 office in Denton, Texas at (940) 898-5399.

Indicate if any playa is used for an RCS. Use of playas as RCSs for operations that were in existence prior to July 10, 1991, and that meet other conditions.

Provide the designed volumes for each RCS according to the design calculations and RCS required capacities which have been certified by the licensed Texas professional engineer. The certified documents should be located in your pollution prevention plan as required by the general permit. If the RCS has not been constructed, provide the proposed capacity. The constructed or proposed capacity must be equal to or greater than the required capacity. All volumes must be noted in acre-feet.

## Section 3. Land Application

Select the critical phosphorus threshold for the location of the facility.

For areas where the average annual rainfall is 25 inches or less and erosion control is adequate to keep erosion at the soil loss tolerance (T) or less and the closest edge of the field is more than one mile from a named stream, the Critical Phosphorus Threshold is 350 parts per million (ppm). For all other areas, the Critical Phosphorus Threshold is 200 ppm.

Provide the total number of acres on-site and off-site that are owned, operated, controlled, rented or leased that are available for land application. Areas that are buffered should not be included in the total acres.

## Section 4. Nutrient Management Plan (NMP)

**Application for a New or Significant Expansion must be accompanied by a certified Nutrient Management Plan.**

The requirement for a Nutrient Management Plan (NMP) is applicable to TPDES Large CAFOs only. The NMP must be in accordance with the Texas Natural Resources Conservation Service Conservation Practice Standard, Nutrient Management Code 590. The NMP must be based on the recent version of the 590-633 CNMP Component (NMP/NUP) Worksheet utilizing the most recent annual analyses of soil, manure and wastewater.

If you are an existing TPDES CAFO or seeking coverage as a TPDES CAFO, select the box indicating “Yes”. If you are an existing State Only CAFO or seeking coverage as a State Only CAFO, select the box indicating “No - Not applicable to State Only-CAFO”.

Indicate if manure, sludge, or wastewater are land applied on LMUs.

**Table 3**: Land Application Summary from NMP – For each field where manure and wastewater is (will be) land applied, provide the name, acreage, crop(s) to be planted or any other uses such as pasture or fallow fields, the realistic yield goal(s) for each crop, the maximum nitrogen and phosphorus recommendations, lbs/ac from the S\_Crops.xls Table. A copy of the S Crop.xls Table is available for download at the Texas A&M Agrilife Extension website <https://nutrientmanagement.tamu.edu/>.

**Table 4**: Data Elements for Phosphorus Index Rating – Provide the data elements (site characteristic) from the phosphorus index worksheet for each field where manure and wastewater is (will be) land applied. See Table 1 or Table 2 of the NRCS Technical Notes–Agronomy Technical Note Number 15-Phosphorus Assessment Tool for Texas.

Indicate if the list of proposed alternative crop(s) and yield goal(s) is the same for ALL LMUs. If so, provide the alternative crops and yield goals for the first LMU only.

**Table 5**: Indicate whether alternative crop(s) and yield goal(s) or any other uses such as pasture or fallow fields are being proposed for the LMUs. If you have a more extensive list of alternative crops and yield goals, add additional rows to the table as needed or provide an attachment.

Note for existing CAFOs: If you want to add to the list of alternative crop(s) and yield goal(s), you must submit a notice of change (substantial change) after NOI approval.

Provide the date of the NMP or the date of last revision of the NMP. The date must be within the last 12 months.

Check the box to indicate that the NMP is certified by a Certified Nutrient Management Specialist.

## Section 5. Public Notice Information

The Office of Chief Clerk will send the person responsible for publishing notice, the notice of the Executive Director’s Preliminary Decision on the NOI, NMP, and Technical Report, for publishing in a newspaper in the country in which the CAFO is located or proposed to be located.

Provide the name and address of the person responsible for publishing notice of the executive director’s preliminary decision on the NOI, NMP, and Technical Report. The person identified will receive the notice and instructions for publishing.

Provide the name and address of a public building where the NOI, NMP, Technical Report, Executive Director’s Technical Summary, and CAFO General Permit will be available for review and copying by the public. The public building must be in the county where the CAFO is or will be located. If the facility is located in more than one county, provide the public location for the additional county or counties on a separate attachment.

## Section 6. Attachments

**Maps**

**Vicinity Map**: This map must be a general highway map that shows the location of the CAFO in relation to the nearest town or the nearest intersection of two major (non-county) roads. All roads should be labeled.

**Runoff Control Map**: This map must show the direction of runoff flow in the production area.

**NRCS Soil Map**. This map must show the location of the production area and LMUs in relation to the soil types located on the facility.

**Professional Certifications**

These documents must be certified by a licensed Texas professional engineer or licensed Texas professional geoscientist, in accordance with the general permit. They will be in the Pollution Prevention Plan.

The Recharge Feature Certification and supporting documents must include the following:

* Documentation of the sources and methods used to identify recharge features.
* Documentation of the method used to identify and document any previously unidentified recharge features found during construction of the facility.
* Any pertinent records of maps obtained from the sources searched for recharge features. At a minimum, these sources must include:
1. Railroad Commission of Texas;
2. a Groundwater Conservation District, if applicable;
3. Texas Water Development Board;
4. Texas Commission on Environmental Quality;
5. Natural Resources Conservation Service;
6. Previous owner of site, if available; and
7. On-site inspection.

If recharge features are found on the property, the applicant must submit a plan signed and sealed by a licensed Texas professional engineer or licensed Texas professional geoscientist to prevent impacts to an aquifer from any recharge feature present.

Narrative description of site-specific geology, soils, hydrology, and subsurface geology.

Map identifying all recharge features with appropriate buffers.

Drillers well logs (if available) for wells on-site and within 500 feet of the property boundary.

Parts of the Pollution Prevention Plan required under Part III.A TXG920000 including:

Part 4 (b) Soil Erosion;

Part 4 (c) Well Protection Requirements;

Part 4 (e) 100-year Floodplain;

Part 12 (c) (7) Backflow Prevention;

Part 12 (f) (1) Surface Water and Watercourses Buffer, (2) Sink Holes, and (3) Impaired Water Bodies; and

Part 16 (b) Groundwater Monitoring Plan (if applicable).

**Land Application**

For new and significant expansion applications, provide a copy of the soil, manure, and wastewater laboratory analyses report that were used for preparing the NMP. If there is no soil test report for a land management unit, the permittee must use the maximum index point score (8) for soil test report on the PI Index by Field Table.

Submit a copy of the most recent NMP.

**Air Standard Permit Summary**

These attachments are only required if you are requesting air authorization under the air standard permit.

**Area Land Use Map**. This map must identify property lines, permanent odor sources, and distances and direction to any occupied residence or business structure, school (including associated recreational areas), structures containing a place of worship, or public park within a one-mile radius of the permanent odor sources at the CAFO. The map must include a north arrow, scale of map, buffer distances, the date that the map was generated, and the date that the distances were verified.

**Odor Control Plan**. Please provide a copy of the odor control plan that is consistent with 30 TAC 321.43(j)(2)(F) if you selected an option with an odor control plan.

**Written Consent**. Provide a copy of the written consent from an adjacent land owner if you are using consent letter(s) in lieu of the buffer distance. Requirements for written consent letters can be found in 30 TAC 321.43(j)(2)(D).