ATTACHMENT K - NOI FORM

NOTICE OF INTENT (NOI) TO COMPLY WITH THE TERMS OF THE BOARD ORDER R7-2021-0029

Permit to Discharge Wastes
Associated with Concentrated Animal Feeding Operations (CAFOs)
(NPDES No. CAG017001)

I. PERMITTEE (Person/Agency Responsible for Discharge):

Owner/Operator Name: ____________________________

Location: ______________________________________

Street           City          State          ZIP

Contact Person: __________

Phone (____) _________

E-mail: ______________

II. FACILITY (Physical Address):

Location: ______________________________________

Street           City          State          ZIP

Contact Person: __________

Phone (____) _________

E-mail: ______________

III. FACILITY INFORMATION:

Latitude: __________   Longitude: ________________________________

Topographic Map of Facility     ___ Yes          ___ No

Total area (acres) __________ Cropland (acres) ___ Corrals (acres) _______

Disposal Pasture (acres) _______ Number of acres contributing drainage __

IV. ANIMAL POPULATION (specify number):

Dairy Cows:____  Cattle:____  Swine:____

Poultry:____  Veal Calves:____  Other (specify type):____

V. MANURE, LITTER AND/OR WASTEWATER PRODUCTION AND USE:

How much manure, litter, and wastewater are produced annually?_______ tons/gallons

If land applied, how many acres of land under the control of permittee are available for applying manure/litter/wastewater? ________ acres.

How many tons of manure or litter or gallons of wastewater will be transferred annually to other persons? _______ tons/gallons

VI. TYPE OF CONTAINMENT AND CAPACITY:

Holding Ponds (gallons)___________  Evaporation Ponds __________ (gallons)

Lagoons (gallons)______________  Others (specify) ______________ (gallons)

Attachment K – NOI Form 1
VII. TYPE OF STORAGE:

- Anaerobic Lagoon: Total number of days ___ Total capacity ___
- Storage Lagoon: Total number of days ___ Total capacity ___
- Evaporation Pond: Total number of days ___ Total capacity ___
- Concrete Pad: Total number of days ___ Total capacity ___
- Impervious Soil Pad: Total number of days ___ Total capacity ___
- Other (specify): Total number of days ___ Total capacity ___

VIII. NUTRIENT MANAGEMENT (NMP):

Will you comply with an existing, approved NMP for this facility? Yes ___ No ___

Date of last approved review/revision of the NMP Date: _____________

Are you submitting a new or amended NMP for approval for this facility? Yes ___ No ___

Is the new or amended NMP enclosed? Yes ___ No ___

If no, please explain______________________________

IX. ENGINEERING WASTE MANAGEMENT PLAN (EWMP):

Will you comply with an existing, approved EWMP for this facility? Yes ___ No ___

Date of last approved review/revision of the EWMP Date: _____________

Are you submitting a new or amended EWMP for approval for this facility? Yes ___ No ___

Is the new or amended EWMP enclosed? Yes ___ No ___

If no, please explain______________________________

X. CERTIFICATION:

I certify under penalty of law that this document and all attachments were prepared under my direct 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 this 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.

Signature: _______________________________ Date: _________________

Title: _________________________________

Print Name: _______________________________

Send the completed Notice of Intent to the Colorado River Basin Water Board