

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Water

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New AEM Certified Planner Certification

State Pollutant Discharge Elimination System (SPDES)
General Permits (GP-0-22-001) for
Concentrated Animal Feeding Operations (CAFOs)

INSTRUCTIONS:

This form shall be used to certify that the new AEM Certified Planner of record for the CAFO operation identified below has reviewed the information included in the facility's current Comprehensive Nutrient Management Plan (CNMP) with the owner/operator and will advise the owner/operator on appropriate management strategies utilizing the current CNMP until such time as the new AEM Certified Planner can update the CNMP. Note: The new AEM Certified Planner must make any necessary updates and certify the updated CNMP upon the next Annual Compliance Report submission.

SECTION I: This certification is for the following nForm:

- Change of Operation Form

Date of nForm Submission _____

SECTION II: FACILITY INFORMATION

DEC SPDES ID No. (If previously assigned by DEC): NYA00E_____

Name of CAFO Facility _____

Address of CAFO Facility _____

Name of Owner/Operator _____

SECTION III: New AEM CERTIFIED PLANNER CERTIFICATION:

I am an Agricultural Environmental Management (AEM) Planner certified to develop and review Comprehensive Nutrient Management Plans (CNMPs) for Concentrated Animal Feeding Operations (CAFOs) in New York State. I have reviewed the current CNMP and all BMPs necessary to implement the current CNMP with the owner and/or operator responsible for the proper operations of this CAFO and will advise the owner and/or operator on appropriate management strategies utilizing the current CNMP until I update and certify a new CNMP.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

_____/_____/_____
Name (please print or type) Signature Date