

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Water

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Comprehensive Nutrient Management Plan (CNMP) 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 Comprehensive Nutrient Management Plan (CNMP) for the CAFO operation identified below has been developed and/or updated to meet the requirements of the New York State General Permit for Concentrated Animal Feeding Operations of GP-0-22-001. This CNMP Certification form is linked to the nForm identified in Section I and must be signed by the Agricultural Environmental Management (AEM) certified planner who developed or reviewed the plan and must include the facility information identified below.

SECTION I: This certification is for the following nForm:

- Request to Continue Coverage
- Notice of Intent
- Change of Operator form
- Incident Report
- Annual Compliance Report

Date of nForm Submission _____

SECTION II: FACILITY INFORMATION

DEC SPDES ID No. (If previously assigned by DEC) _____

Name of CAFO Facility _____

Address of CAFO Facility _____

Name of Owner/Operator _____

AEM Certified Planner Name _____



SECTION III: AEM 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. The CNMP that has been developed for this operation is in full conformance with the requirements of the New York State General Permit for Concentrated Animal Feeding Operations, under authority of the New York State Pollutant Discharge Elimination System. I have reviewed the CNMP and all BMPs necessary to implement the CNMP with the owner and/or operator responsible for the proper operations of this CAFO. I have also reviewed with the owner and/or operator the information contained in the form identified in Section I of this form.

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 (print)

Signature

Date