

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Water

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www.dec.ny.gov

Incident Report Owner/Operator 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 Owner/Operator for the CAFO operation identified below has reviewed the information included on the Incident Report nForm and that the information submitted is, to the best of their knowledge and belief, true, accurate, and complete.

SECTION I: This certification is for the following nForm:

- Incident Report

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 _____

AEM Certified Planner Name _____



SECTION III: OWNER/OPERATOR CERTIFICATION:

I certify under penalty of law that this Incident Report 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