

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Water

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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 nForm identified in Section I and that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

SECTION I: This certification is for the following nForm:

- Request to Continue Coverage
- Notice of Intent
- Change of Operation
- 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: OWNER/OPERATOR CERTIFICATION:

To the best of my knowledge, the Comprehensive Nutrient Management Plan (CNMP) that has been developed for this operation is in full conformance with the requirements of the New York State Pollutant Discharge Elimination System General Permit for Concentrated Animal Feeding Operations (CAFOs).

I certify under penalty of law that I am the owner/operator of this CAFO. As the owner/operator of this CAFO, I am responsible for implementation of the CNMP and compliance with the requirements of the New York State Pollutant Discharge Elimination System (SPDES) General Permit for CAFOs.

I certify under penalty of law that this form and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure 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