

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Water

625 Broadway, Albany, New York 12233-3500

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Previous 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 Previous Owner/Operator for the CAFO operation identified below is no longer the owner/operator/responsible party for the facility identified below.

SECTION I: This certification is for the following nForm:

- Change of Operation

Date of nForm Submission _____

SECTION II: FACILITY INFORMATION

This Information is related to the CAFO Facility being transferred or acquired.

DEC SPDES ID No. NYA00E_____

Name of CAFO Facility _____

Address of CAFO Facility _____



SECTION III: PREVIOUS OWNER/OPERATOR CERTIFICATION:

I certify under penalty of law that I am no longer the owner/operator/responsible party for this facility.

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