

**NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION**

Division of Water  
625 Broadway, Albany, New York 12233-3500  
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**Request to Continue Coverage**

**New York State Department of Environmental Conservation (NYS DEC)  
State Pollutant Discharge Elimination System (SPDES)  
ECL General Permit (GP-0-22-001) for  
Concentrated Animal Feeding Operations (CAFOs)**

Current SPDES No.: \_\_\_\_\_

**SECTION I: REASON FOR SUBMITTAL**

**Check one (1) of the following boxes as it applies to your operation:**

- Existing facility permitted as a **Small or Medium CAFO** under SPDES General Permit GP-0-16-001
- Existing facility permitted as a **Large CAFO** under SPDES General Permit GP-0-16-001

**SECTION II: LOCATION AND CONTACT INFORMATION**

<b>Legally Responsible Owner/Operator Information</b>	<b>Facility/Farm Information</b>
Owner/Operator:	Facility/Farm Name:
Owner/Operator Contact Name (if different from Owner/Operator):	Address:
Address:	City/Town/Village:
City/Town/Village:	State:
State:	Zip Code:
Zip Code:	County:
Telephone No:	AEM Certified Planner Name:
Email:	Facility/CNMP <sup>1</sup> Contact Name:

<sup>1</sup> Comprehensive Nutrient Management Plan (CNMP)



Department of state ID # (not required for individuals):	Telephone No:
	Email:
	Facility Latitude:
	Facility Longitude:

**SECTION III: DESCRIPTION OF ANIMALS MANAGED**

Give the maximum number of each type of animal in confinement which are held at your facility for a total of 45 days or more in any 12-month period and the maximum number planned for in the current CNMP:

Animal Type	Total Number in Confinement	Maximum Number planned for in the CNMP
Mature Dairy Cattle (milked or dry)		
Dairy Heifers		
Veal Calves		
Other Cattle		
Swine (55 lbs. or more)		
Swine (under 55 lbs.)		
Horses		
Sheep or Lambs		
Turkeys		
Chickens (broilers)		
Chickens (layers)		
Ducks		
Other (specify)		

**SECTION IV: CAFO FACILITY INFORMATION**

1. Total number of land application acres covered by the CAFO's Comprehensive Nutrient Management Plan (CNMP) \_\_\_\_\_acres
2. Has the facility/farm fully implemented all practices required in the CNMP\*? Yes No
  - a. If no, are the remaining practices related to an acquired facility purchased in the past 24 months? (Owners/operators have 24 months from the date of acquisition to fully implement all structural practices on acquired operations per Part III.A.3. of GP-0-22-001) Yes No
    - i. If yes, provide date of acquisition \_\_\_\_\_
  - b. If no, does this facility/farm have a consent order with NYSDEC to address the outstanding implementation issues: Yes No
    - i. If yes, provide the consent order number \_\_\_\_\_

\* NOTE: If you have not fully implemented practices required in the CNMP, and those practices are not linked to the acquisition of another facility, an active Consent Order certifying equivalent protection to the required BMPs is required and the information pertaining to the Order must be provided above or you must apply for and obtain an individual permit to continue to operate as a CAFO.

FOR REVIEW ONLY