



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WATERSHED MANAGEMENT

**PAG-12**  
**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)**  
**GENERAL PERMIT FOR**  
**CONCENTRATED ANIMAL FEEDING OPERATIONS (CAFO)**  
**NOTICE OF INTENT (NOI)**

New Facility                       Expanded Facility                       Existing Facility

**CLIENT/OPERATOR INFORMATION**

Organization Name or Registered Fictitious Name

Mailing Address

City    State    ZIP+4

Phone    FAX

Owner's Name                                      Operator's Name (if different)

**FACILITY INFORMATION**

Facility Name

**Existing Permits.** Identify all Earth Disturbance permits, NPDES permits, or any other environmental quality permits issued by DEP or EPA for this facility.

Permit Type	Permit#	Date Issued	Issued By

**Facility Description.** Describe the facility, including size of the farm (total acres), number and type of animals raised, number of Animal Equivalent Units, and amount of land available at the facility for land application of manure. The description should also include the estimated amounts of manure and agricultural wastewater generated per year and the type of storage facility. Alternatively, reference the appropriate page(s) of the Nutrient Management Plan where this information can be found.

(Continue on next page)

**COMPLIANCE HISTORY REVIEW**

Is/was the facility owner or operator in violation of any permit(s), order(s) or schedule(s) of compliance during the previous five (5) years at any facility in PA?  Yes  No

If "Yes," provide the following information for each violation. Use additional sheets, as needed.

<b>Permit Program</b>	<b>Permit No.</b>
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**Brief Description of Non-Compliance**

Steps Taken to Achieve Compliance	Date(s) Compliance Achieved

**Current Compliance Status**  **In Compliance**  **In Non-Compliance**

**CERTIFICATION**

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 further acknowledge that the facility described herein is eligible for coverage under DEP's General Permit and that the best management practices, pollution prevention plans, and other control measures are designed, installed and maintained in accordance with the General Permit requirements and in compliance with the state water quality standards. I also acknowledge that any facility construction needed to comply with the General Permit requirements shall be designed, built, operated and maintained in accordance with operative laws and regulations. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

\_\_\_\_\_  
**Name** (type or print legibly)

\_\_\_\_\_  
**Official Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*(Use corporate or professional seal as appropriate.)*

Taken, sworn, and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

*Notary Seal*