

**VIRGINIA DEQ REGISTRATION STATEMENT FOR VPA GENERAL PERMIT FOR ANIMAL FEEDING OPERATIONS (AFOs) AND ANIMAL WASTE MANAGEMENT FOR AFO OWNERS**

**For DEQ Use Only:**  
 Accepted: Yes  No   
 Initials: \_\_\_\_\_  
 Date: \_\_\_\_\_

PLEASE TYPE OR PRINT ALL INFORMATION ALL PARTS OF THIS FORM MUST BE COMPLETED ACCORDING TO THE INSTRUCTIONS

**1. AFO Owner Information**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

The best day of the week & time to contact the AFO owner: \_\_\_\_\_  AM  
 \_\_\_\_\_  PM  
Day Time

**2. Operator or Contact Person Information**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

The best day of the week & time to contact the operator or contact person: \_\_\_\_\_  AM  
 \_\_\_\_\_  PM  
Day Time

**3. Farm or Facility Information**

Farm Name: \_\_\_\_\_

Location: \_\_\_\_\_

Is this a contract operation? YES \_\_\_ NO \_\_\_ Integrator: \_\_\_\_\_

Does the facility have an existing VPA or VPDES permit? YES \_\_\_ NO \_\_\_ Permit Number: \_\_\_\_\_

Indicate below the types and amounts of wastes that will be managed at the facility:

| Waste                        | Amount                        | Waste                            | Amount                        | Waste                    | Amount                        | Waste                | Amount                        |
|------------------------------|-------------------------------|----------------------------------|-------------------------------|--------------------------|-------------------------------|----------------------|-------------------------------|
| Manure generated at facility | <input type="checkbox"/> Gal  | Manure not generated at facility | <input type="checkbox"/> Gal  | Off-Site generated waste | <input type="checkbox"/> Gal  | Treated manure/waste | <input type="checkbox"/> Gal  |
|                              | <input type="checkbox"/> Tons |                                  | <input type="checkbox"/> Tons |                          | <input type="checkbox"/> Tons |                      | <input type="checkbox"/> Tons |

Will waste be transferred off-site? YES \_\_\_ NO \_\_\_, how much: \_\_\_\_\_  Gal \_\_\_\_\_  Tons

Types of animals and the maximum numbers of each type that will be at the facility at any one time:

| Animal Type | Maximum Number | Average Weight | Animal Type | Maximum Number | Average Weight | Animal Type | Maximum Number | Average Weight |
|-------------|----------------|----------------|-------------|----------------|----------------|-------------|----------------|----------------|
|             |                |                |             |                |                |             |                |                |
|             |                |                |             |                |                |             |                |                |

4. **Attachments:** the following items must accompany this completed Registration Statement: (see instructions)
- a. the completed Local Government Ordinance Form (LGOF).
  - b. a copy of the nutrient management plan (NMP) approved by the Department of Conservation and Recreation (DCR).
  - c. a copy of the DCR NMP approval letter which also certifies that the plan was developed by a certified nutrient management planner in accordance with § 10.1-104.2 of the Code of Virginia.
5. **Certification:** "I certify that notice of the registration statement has been given to all owners or residents of property that adjoins the property on which the animal feeding operation will be located. This notice included the types and numbers of animals which will be maintained at the facility and the address and phone number of the appropriate Department of Environmental Quality regional office to which comments relevant to the permit may be submitted. (The preceding certification is waived if the registration is for renewing coverage under the general permit and no expansion of the operation is proposed and the department has not issued any special or consent order relating to violations under the existing permit.) I certify under penalty of law that all the requirements of the board for the general permit are being met and 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 gather and evaluate 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."

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

## REGISTRATION STATEMENT INSTRUCTIONS

### VPA GENERAL PERMIT FOR ANIMAL FEEDING OPERATIONS AND ANIMAL WASTE MANAGEMENT FOR AFO OWNERS

#### General

A Registration Statement must be submitted when an owner of an animal feeding operation (AFO) makes application to the Department of Environmental Quality for coverage under the VPA General Permit for Animal Feeding Operations and Animal Waste Management. Contact the nearest DEQ regional office if you have questions about filing this form.

#### Section 1 AFO Owner Information

Provide the name, mailing address, telephone numbers and e-mail address (if available) of the person to whom this permit will be issued. Provide the best day of the week and time for DEQ to make contact with the owner during regular working hours.

#### Section 2 Operator or Contact Person Information

If there is a person other than the AFO owner who manages daily activities at the operation being permitted or who should be contacted for site visits, give that person's name, phone numbers and e-mail address (if available). If the operator or contact person is the same as the owner, write "SAME AS ABOVE". Provide the best day of the week and time for DEQ to make contact with the operator or contact person during regular working hours.

#### Section 3 Farm or Facility Information

Provide the name of the farm or facility. Provide the physical location for the animal feeding operation other than the owner's mailing address (e.g. Rt. 653, 1 mile west of Rt. 702). Indicate whether the facility operates under a contract with an integrator. If applicable, give the name of the integrator. List the number of any expiring or currently effective permits issued to the animal feeding operation under the VPA or VPDES permit program. Complete the table indicating which types of wastes and the amounts of wastes that will be managed at the facility. If the waste listed in the table will not be managed at the facility, write "N/A" for Not Applicable in the column labeled amount. If waste will be transferred off-site, indicate the type of waste and how much will be transferred.

#### Animal Information

Indicate the type or types of animals (i.e. dairy cattle, slaughter and feeder cattle, swine, etc.), the average weight and the maximum numbers of each type or types that will be stabled or confined and fed or maintained at this operation at any one time.

#### Section 4 Attachments

##### a. Local Government Ordinance Form (LGOF)

State Law requires that the owner of any proposed pollutant management activities or those which have not previously been issued a valid VPA or VPDES permit must attach to the registration statement, the completed LGOF. The LGOF is the notification from the governing body of the county, city or town where the operation is located that the operation is consistent with all ordinances adopted pursuant to Chapter 22 (§ 15.2-2200 et seq.) of Title 15.2 of the Code of Virginia.

##### b. Nutrient Management Plan (NMP)

State law requires that every owner of an animal feeding operation seeking coverage under the VPA general permit have a NMP. A copy of the NMP written for the AFO must be attached to the Registration Statement; however, if a current NMP is on file at the DEQ regional office then it is not necessary to attach the NMP.

##### c. NMP Approval Letter

A copy of the letter from the Virginia Department of Conservation and Recreation (DCR) approving the NMP for the AFO and certifying that the NMP was developed by a certified nutrient management planner in accordance with §10.1-104.2 of the Code of Virginia must be attached to the Registration Statement. However, if a current NMP approval letter is on file at the DEQ regional office then it is not necessary to attach the NMP approval letter.

#### Section 5 Certification

By signing this statement, you are certifying that:

1. you have provided notice of the registration statement to all owners or residents of property that adjoins the property on which the animal feeding operation will be located. The notice must include the types and numbers of animals which will be maintained at the facility and the address, and phone number of the appropriate DEQ regional office to which comments relevant to the permit may be submitted. *If the registration is for renewing coverage under the general permit and no expansion of the operation is proposed and the department has not issued any special or consent order relating to violations under the existing permit, the adjacent owner/resident notice is waived.*; and
2. under penalty of law that all the requirements of the Board for the general permit are being met; that the registration statement and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted; and that the information submitted is to the best of your knowledge and belief true, accurate, and complete. Furthermore, that you are aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

The Certification must bear an original signature in ink, photocopies are not acceptable. State statutes provide for severe penalties for submitting false information on this Registration Statement. State regulations require this Registration Statement to be signed as follows:

For a corporation: by a responsible corporate official means (i) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25,000,000 (in second quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

For a municipality, state, federal or other public agency: by either a principal executive officer or ranking elected official. (A principal executive officer of a federal, municipal, or state agency includes the chief executive officer of the agency or head executive officer having responsibility for the overall operation of a principal geographic unit of the agency.)

For a partnership or sole proprietorship: by a general partner or proprietor respectively.