



Department of Environment and Conservation  
Division of Water Pollution Control

**NOTICE OF INTENT**

Under the General NPDES Permit for Class II Concentrated Animal Feeding Operations

**Completing This Form:** The operator shall submit the following information as a Notice of Intent (NOI). "Operator" means a person or corporation which proposes to operate or operates and/or profits from an animal feeding operation which has been designated by the Division as a concentrated animal feeding operation (CAFO), or an animal feeding operation which voluntarily requests to be designated as a CAFO, or a CAFO which stables or confines, and feeds or maintains the numbers of livestock in the following table. Circle the "Animal Type" and "Manure Management" which represents your operation.

<u>ANIMAL TYPE</u>	<u>LIQUID MANURE MANAGEMENT</u>	<u>DRY MANURE MANAGEMENT</u>
Poultry (broilers and/or layers)	9,000 up to 29,999	37,500-124,999(non-layers), 25,000-81,999 (layers)
Swine	750-2499 (greater than 55 lbs) or 3,000-9,999 (less than 55 lbs)	750-2499 (greater than 55 lbs) or 3,000-9,999 (less than 55 lbs)
Dairy	200-699	200-699
Beef	300-999	300-999

For new operations, the NOI must be submitted 180 days prior to beginning the feeding operation. For currently permitted operations not more than 30 days after August 7, 2004. For newly regulated, existing operations, the NOI must be submitted no later than February 13, 2006.

Do not write on the back of this form. It is reserved for agency use only. Each item on this page must be answered. If an item on the form does not apply to your particular operation, enter "NA" for not applicable into the space provided. If additional space is needed, attach a separate piece of paper to the NOI form.

**I. Attach two maps (a 1:24000 topographic map showing 1 mile radius and a site plan showing buildings and property line) identifying the location of the operation.**

A) Name of Operation (legal or official name):	Telephone: (    )
B) Operation Mailing Address:	County:
C) Name of Closest Waters of the State to the Operation:	
Latitude: _____	Longitude: _____

**II. A)** Provide the name and telephone number of the person most familiar with the operation and with the facts reported in the NOI. This person may be contacted by the Division, if necessary. **B)** Give the complete mailing address where correspondence should be sent. This may or may not be the address of the operation.

A) Contact person:	Telephone: (    )
B) Complete mailing address of contact person:	

**III. Certification and Signature.** "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 gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the site, 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."

_____ Typed or Printed Name of OPERATOR	_____ Signature of OPERATOR	_____ Date
_____ Typed or Printed Name of PREPARER	_____ Signature of PREPARER	_____ Date

**IV. Submit this form to:**  
CAFO Notice of Intent  
Tennessee Department of Agriculture  
Ellington Agricultural Center  
Nashville, TN 37204

**TENNESSEE DEPARTMENT OF AGRICULTURE USE ONLY  
(DO NOT WRITE IN THIS SECTION)**

**DATE NOI RECEIVED:**



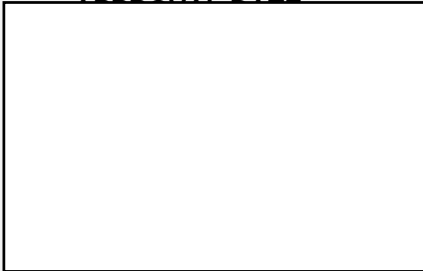
(date stamp here)

**DATE NOI FORWARDED TO TDEC:**



(date stamp here)

**WASTE HANDLING SYSTEM**



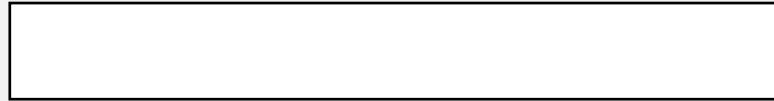
(date stamp here)

**NUTRIENT MANAGEMENT PLAN  
APPROVAL DATE:**



(date stamp here)

**TDA REVIEWER'S NAME:** \_\_\_\_\_ (print)

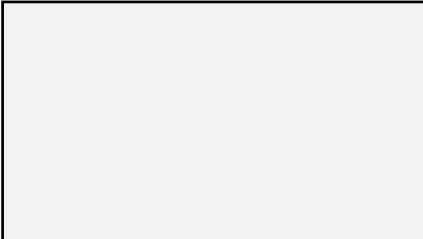


**TDA REVIEWER'S SIGNATURE**

**date**

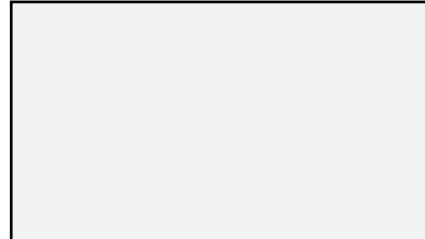
**TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION USE ONLY  
(DO NOT WRITE IN THIS SECTION)**

**DATE NOI RECEIVED FROM TDA:**



(date stamp here)

**DATE OF COVERAGE:**



(date stamp here)

**TDEC REVIEWER'S NAME:** \_\_\_\_\_ (print)



**TDEC REVIEWER'S SIGNATURE**

**date**