

No Discharge Certification Form for Concentrated Animal Feeding Operations (CAFOs)  
in New Mexico and Oklahoma

In order to voluntarily certify that a CAFO does not discharge or propose to discharge, the CAFO owner or operator must complete and submit this form by certified mail or equivalent method of documentation to:

Dorothy Brown  
U.S. Environmental Protection Agency, Region 6  
Water Quality Protection Division  
Planning and Analysis Branch (6WQ-NP)  
1445 Ross Avenue  
Dallas, TX 75202-2733

CONTACT INFORMATION:

Owner/Operator Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_

FACILITY ADDRESS:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_ Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

The CAFO owner/operator must attach a statement to this form that describes the basis for the CAFO's certification that it satisfies the eligibility requirements identified in 40 CFR 122.23(i)(2).

I certify under penalty of law that I am the owner or operator of a concentrated animal feeding operation (CAFO), identified as \_\_\_\_\_ [Name of CAFO], and that said CAFO meets the requirements of 40 CFR 122.23(i). I have read and understand the eligibility requirements of 40 CFR 122.23(i)(2) for certifying that a CAFO does not discharge or propose to discharge and further certify that this CAFO satisfies the eligibility requirements. As part of this certification, I am including the information required by 40 CFR 122.23(i)(3). I also understand the conditions set forth in 40 CFR 122.23(i)(4), (5) and (6) regarding loss and withdrawal of certification. I certify under penalty of law that this document and all other documents required for this certification were prepared under my direction or supervision and that qualified personnel properly gathered and evaluated the information submitted. Based upon my inquiry of the person or persons directly involved in gathering and evaluating the information, the information submitted is to the best of my knowledge and belief true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
Signature must be in accordance with the signatory requirement of 40 CFR 122.22.