Water Permits Division



Application Form 2B Concentrated Animal Feeding Operations and Concentrated Aquatic Animal Production Facilities

NPDES Permitting Program

Note: Complete this form *and* Form 1 if your facility is a new or existing concentrated animal feeding operation or concentrated aquatic animal production facility.

Paperwork Reduction Act Notice

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory (40 CFR 122.21). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to be 2.7 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

FORM 2B—INSTRUCTIONS

General Instructions

Who Must Complete Form 2B?

You must complete Form 2B if you answered "Yes" to Item 1.2.1 on Form 1—that is, if you are a concentrated animal feeding operation (CAFO) or a concentrated aquatic animal production (CAAP) facility.

Where to File Your Completed Form

Submit your completed application package (Forms 1 and 2B) to your National Pollutant Discharge Elimination System (NPDES) permitting authority. Consult Exhibit 1–1 of Form 1's "General Instructions" to identify your NPDES permitting authority.

Public Availability of Submitted Information

The U.S. Environmental Protection Agency (EPA) will make information from NPDES permit application forms available to the public for inspection and copying upon request. You may not claim any information on Form 2B (or related attachments) as confidential.

You may make a claim of confidentiality for any information that you submit to EPA that goes beyond the information required by Form 2B. Note that NPDES authorities will deny claims for treating any effluent data as confidential. If you do not assert a claim of confidentiality at the time you submit your information to the NPDES permitting authority, EPA may make the information available to the public without further notice to you. EPA will handle claims of confidentiality in accordance with its business confidentiality regulations at Part 2 of Title 40 of the *Code of Federal Regulations* (CFR).

Completion of Forms

Print or type in the specified areas only. If you do not have enough space on the form to answer a question, you may continue on additional sheets, as necessary, using a format consistent with the form.

Do not leave any response areas blank unless the form directs you to skip them. If the form directs you to respond to an item that does not apply to your facility or activity, enter "NA" for "not applicable" to show that you considered the item and determined a response was not necessary for your facility.

The NPDES permitting authority will consider your application complete when it and any supplementary material are received and completed according to the authority's satisfaction. The NPDES permitting authority will judge the completeness of any application independently of the status of any other permit application or permit for the same facility or activity.

Definitions

The legal definitions of all key terms used in these instructions and Form 2B are in the "Glossary" at the end of the "General Instructions" in Form 1.

Line-by-Line Instructions

EPA Identification Number, NPDES Permit Number, and Facility Name

Provide your EPA Identification Number from the Facility Registry Service, NPDES permit number, and facility name at the top of each page of Form 2B and any attachments. If your facility is new (i.e., not yet constructed), write or type "New Facility" in the space provided for the EPA Identification Number and NPDES permit number. If you do not know your EPA Identification Number, contact your NPDES permitting authority. See Exhibit 1–1 of the "General Instructions" of Form 1 for contact information.

Section 1. General Information

Item 1.1. Mark whether your facility/business type is a CAFO or a CAAP.

- For a CAFO, you must complete Sections 1 through 6 and Section 8.
- For a CAAP, you must complete Sections 1, 7, and 8.

Item 1.2. Indicate whether your facility is an existing or proposed facility. Mark "Proposed Facility" if your facility is presently not in operation or is expanding to meet the definition of a CAFO in accordance with the regulations at 40 CFR 122.23.

Section 2. CAFO Owner/Operator Contact Information

Item 2.1. Provide the name, title, telephone number, and email address of the owner/operator of the facility/business.

Item 2.2. Provide the complete mailing address of the owner/operator of the facility/business.

Section 3. CAFO Location and Contact Information

Item 3.1. Provide the legal name and location (complete mailing address) of the facility. Also indicate whom the NPDES permitting authority should contact about the application, including a telephone number and email address.

Item 3.2. Provide the latitude and longitude of the entrance to the production area (i.e., the part of the operation that includes the animal confinement area, the manure storage area, the raw materials storage area, and the waste containment areas). The latitude and longitude may be provided in degrees, minutes, seconds format (e.g., 38° 53' 38" N, 77° 1' 45" W) or decimal degrees (e.g., 38.893829, -77.029289). Latitude and longitude coordinates may be obtained in a variety of ways, including use of hand held devices (e.g., a GPS enabled smartphone), internet mapping tools, geographic information systems (e.g., ArcView), or paper maps from trusted sources (e.g., U.S. Geological Survey or USGS). For further guidance, refer to http://www.epa.gov/geospatial/latitudelongitude-data-standard.

Item 3.3. If the facility uses a contract grower, provide the name and complete mailing address of the integrator.

FORM 2B—INSTRUCTIONS (CONTINUED)

Section 4. CAFO Topographic Map

Item 4.1. Provide a topographic map of the geographic area in which the facility is located, showing the specific location of the production area(s). You are not required to provide the topographic map required by Section 7 of Form 1.

On each map, include the map scale, a meridian arrow showing north, and latitude and longitude to the nearest second or equivalent decimal degrees (e.g., 38.893829, -77.029289). Latitude and longitude coordinates may be obtained in a variety of ways, including use of hand held devices (e.g., a GPS enabled smartphone), internet mapping tools, geographic information systems (e.g., ArcView), or paper maps from trusted sources (e.g., USGS).

On all maps of rivers, show the direction of the current. In tidal waters, show the directions of ebb and flow tides.

You may develop your map by going to USGS's National Map website at http://nationalmap.gov/. (For a map from this site, use the traditional 7.5-minute quadrangle format. If none is available, use a USGS 15-minute series map.) You may also use a plat or other appropriate map. Briefly describe land uses in the map area (e.g., residential, commercial.). Note that you have completed your topographic map and attached it to the application.

Section 5. CAFO Characteristics

Supply all information in Section 5 if you checked "Existing facility" in response to Item 1.2.

- **Item 5.1.** Provide the maximum number of each type of animal in open confinement or housed under roof (either partially or totally) that are held at your facility for a total of 45 days or more in any 12-month period. Provide the total number of animals confined at the facility.
- **Item 5.2.** Identify the applicable types of containment and storage for manure, litter, and process wastewater at the facility and indicate the capacity of storage in days and gallons or tons.
- **Item 5.3.** Indicate the total number of acres that are drained and collected in the containment and storage structure(s).
- **Item 5.4.** Specify the tons of manure or litter and the gallons of process wastewater generated at the facility on an annual basis.
- **Item 5.5.** Indicate whether the manure, litter, and/or process wastewater is land applied. If yes, continue to Item 5.6. If no, skip to Item 5.8.
- **Item 5.6.** Indicate the number of acres of land under the control of the applicant that are available for land application of the manure, litter, or process wastewater.
- **Item 5.7.** Check any of the identified best management practices that are being implemented at the facility to control runoff and protect water quality.
- **Item 5.8.** Indicate if the manure, litter, and/or process wastewater is transferred to any other persons. If yes, continue to Item 5.9. If no, skip to Item 5.10.

- **Item 5.9.** Specify the tons of manure or litter or the gallons of process wastewater transferred annually to other people.
- **Item 5.10.** Describe any alternative uses of manure, litter, or process wastewater, if any (e.g., composting, pelletizing, energy generation).

Section 6. CAFO Nutrient Management Plans

- **Item 6.1.** Indicate if you have submitted a nutrient management plan that satisfies the requirements at 40 CFR 122.42(e) and, if applicable, the requirements at 40 CFR 412.4(c).
- **Item 6.2.** If you have not yet submitted a nutrient management plan, explain why not.
- **Item 6.3.** Indicate if a nutrient management plan is being implemented at the CAFO. If not land applying, describe the alternative uses of the manure, litter, and wastewater (e.g., composting, pelletizing, energy generation).
- **Item 6.4.** Indicate the date of the last review or revision of the nutrient management plan.

Note: A permit application is not complete until a nutrient management plan is submitted to the NPDES permitting authority.

Section 7. CAAP Facility Characteristics

- **Item 7.1.** Indicate if the CAAP facility is located on land. If the facility is located in water (e.g., a net pen or submerged cage system), check "No" and skip to Item 7.3. If yes, continue to Item 7.2.
- Item 7.2. Provide the maximum daily and maximum average monthly discharge at the CAAP facility by outfall number. Outfall numbers should correspond with the outfall numbers provided on the map submitted in Section 7 of Form 1. Values given for flow should be representative of your normal operation. The maximum daily flow is the maximum measured flow occurring over a calendar day. The maximum average monthly flow is the average of measured daily flow over the calendar month of highest flow.
- **Item 7.3.** Indicate the number of ponds, raceways, net pens, submerged cages, or similar structures at your facility that result in discharges to waters of the United States. Describe each type and provide the name of the associated receiving water and intake water source.
- Item 7.4. List the species of fish or aquatic animals held and fed at your facility. Distinguish between cold-water and warm-water species. The names of fish species should be proper, common, or scientific names as given in Special Publication 34 of the American Fisheries Society, Common and Scientific Names of Fishes from the United States, Canada, and Mexico.

For each species, provide the total harvestable weight in pounds (lbs.) for a typical calendar year. Also indicate the maximum weight present at any one time at your facility.

Item 7.5. Indicate the maximum monthly pounds of food given at your facility. Also indicate the month given. The amounts should be representative of your normal operations.

FORM 2B—INSTRUCTIONS (CONTINUED)

Section 8. Checklist and Certification Statement

Item 8.1. Review the checklist provided. In Column 1, mark the sections of Form 2B that you have completed and are submitting with your application. For each section in Column 2, indicate whether you are submitting attachments.

Item 8.2. The Clean Water Act provides for severe penalties for submitting false information on this application form. Section 309(c)(2) of the Act states, "Any person who knowingly makes any false statement, representation, or certification in any application, ...shall upon conviction, be punished by a fine of no more than \$10,000 or by imprisonment for not more than six months, or both."

FEDERAL REGULATIONS AT 40 CFR 122.22 REQUIRE THIS APPLICATION TO BE SIGNED AS FOLLOWS:

A. For a corporation, by a responsible corporate officer. For the purpose of this section, a responsible corporate officer means: (1) 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 (2) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major

- capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively.
- C. For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a federal agency includes: (1) the chief executive officer of the agency or (2) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).

END

Submit your completed Form 1, Form 2B, and all associated attachments (and any other required NPDES application forms) to your NPDES permitting authority.

EPA Identification Number			NPDES Permit Number	er	Facility Na	me	OMB No. 2040-0004 Expires 07/31/2026			
Form 2B NPDES	Ş E	PA	U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater CONCENTRATED ANIMAL FEEDING OPERATIONS and CONCENTRATED AQUATIC ANIMAL PRODUCTION FACILITIES							
SECTION '	1. GENERA	L INFORMAT	TON (40 CFR 122.21(I)(1							
General nformation	<u>1.1</u>	Indicate the facility/business type. (Check only one response.) ☐ CAFO → Complete Sections 1 through 6 and Section 8. ☐ CAAP → Complete Sections 1, 7, and 8.								
Info	<u>1.2</u>	1.2 Indicate the operational status of the fa			cility. (Check one.) Proposed facility					
SECTION 2	2. CAFO O	WNER/OPER/	ATOR CONTACT INFOR	MATION (40 CFR 1	22.21(F)	(2) AND (4)) AND 122.21(I)(1)(I))			
Ŀ	<u>2.1</u>	Name (first a	rator Contact and last)		Title					
CAFO Owner/Operator Contact Information		Phone number			Email address					
k wi	2.2	Owner/Ope	wner/Operator Mailing Address							
CAFO O		Street or P.0	D. box	State						
		City or town		Zip code						
SECTION :	3. CAFO LO	OCATION AND	CONTACT INFORMAT	ION (40 CFR 122.2	1(I)(1)(II	AND III))				
	<u>3.1</u>		tion and Contact							
rmation		Name			<u>, </u>					
ıtact Info		·	s (street, route number, or other specific identifier			·				
and Cor		City or town		State			Zip code			
CAFO Location and Contact Information		Facility cont		Phone number			Email address			
FO	<u>3.2</u>	Latitude/Lo	Latitude/Longitude of Entrance to Production Area (see instructions)							
S			Latitude		Longitude					

EPA Identification Number		n Number	NP	NPDES Permit Number		Facility Name		Expires 07/31/2026			
بب	3.3	Integrator Nam	ne and A	ddraee							
d Contac ntinued	<u>5.5</u>	Integrator Name and Address Name									
CAFO Location and Contact Information Continued		Street address									
CAFO Lo Inform		City or town		State			Zip code				
SECTION 4	. CAFO	TOPOGRAPHIC MAP (40 CFR 122.21(I)(1)(IV))									
CAFO Topographic Map	<u>4.1</u>	Have you attack specific require		s application? (See in	structions for						
		☐ Yes									
SECTION S				CFR 122.21(I)(1)(
	<u>5.1</u>	Provide informa	ation on th	ne type and numbe		the table below.		Neurobon			
		Animal Typ		Number in Open Confinement	Number Housed Under Roof	Animal Type	Number in Open Confinement	Number Housed Under Roof			
		Mature dai cows	iry			Sheep or lambs					
		Dairy heife	ers			Chickens (broilers)					
		Veal calve	S			Chickens (layers)					
		Cattle (not or veal cal				Ducks					
		Swine (55 lbs. or	more)			Other (specify)					
		Swine (under 55 I	lbs.)			Other (specify)					
tics		Horses				Other (specify)					
teris		Turkeys				Total Animals					
haracteristics	<u>5.2</u>			ainment and storag	low.	of days, and total ca	apacity for manure, lit				
CAFO C		Type of Contain and Storag		Total Number of Days	Total Capacity (specify gallons or tons)	Type of Containment and Storage	Total Number of Days	Total Capacity (specify gallons or tons)			
		Anaerobic	lagoon			Belowground storage tanks					
		Evaporatio	on			Roofed storage shed					
		Abovegrou storage tar				Concrete pad					
		Storage po	ond			Impervious soil pad					
		Underfloor	pit			Other (specify)					
	<u>5.3</u>	Indicate the total number of acres drained and collected in the containment and storage structure(s) reported under Item 5.2.									
			acres								

EPA	Identification N	umber	NPDES Permit Number		Facility Name	OMB No. 2040-0004 Expires 07/31/2026					
	Manure. I	itter, and/or	l Process Wastewater Pro	ductio	n and Use						
	<u>5.4</u>	tter, and/or Process Wastewater Production and Use How many tons of manure or litter and gallons of process wastewater are generated annually at the CAFO?									
		Manure				tons					
		Litter				tons					
		Process wa	stewater			gallons					
	<u>5.5</u>	Is manure, litter, and/or process wastewater generated at the CAFO land applied?									
		☐ Ye	S		No → SKIP to Item 5.8.						
per	<u>5.6</u>	How many acres of land under the control of the applicant are available for applying the CAFO's manure, litter, or process wastewater? acres									
ntin	<u>5.7</u>	Check all la		ement	practices that are being implemen	nted.					
s င၀			ffers		Infiltration field						
stic		☐ Se	tbacks		Grass filter						
cter		☐ Co	nservation tillage		Terrace						
CAFO Characteristics Continued		☐ Co	nstructed wetlands		Other (specify)						
	<u>5.8</u>	Is manure,	litter, and/or process waste	ewater	transferred to any other persons?						
		☐ Ye	S		No → SKIP to Item 5.10.						
	<u>5.9</u>		tons of manure or litter and other people?	d gallon	s of process wastewater, produce	ed by the CAFO, are transferred					
		Manure				tons					
		Litter				tons					
		Process wa	stewater			gallons					
	<u>5.10</u>	Describe alternative use(s) of manure, litter, or process wastewater, if any.									
SECTION	6. CAFO NU	TRIENT MAI	NAGEMENT PLANS (40 C	FR 12	2.21(I)(1)(X))						
CAFO Nutrient Management Plans	<u>6.1</u>	and, if appli nutrient ma	cable, the requirements at	ement plan that satisfies the requi R 412.4(c)? Note: A permit applic NPDES permitting authority. No							
	6.2	Explain why a nutrient management plan is not attached to the application and your estimated date for submitting the NMP.									
	<u>6.3</u>	Is a nutrient		g implemented at the CAFO? No							
CAF	<u>6.4</u>		ne date of the last review of the nutrient ont plan?	Date	9						

EPA Identification Number

NPDES Permit Number

Facility Name

OMB No. 2040-0004
Expires 07/31/2026

SECTION 7. CAAP FACILITY CHARACTERISTICS (40 CFR 122.21(I)(2))

7.1

Is the CAAP facility located on land?

SECTION	7. CAAP FA	CILITY CHARAC	TERISTICS (40 CFF	R 122.21(I)(2))								
	<u>7.1</u>	Is the CAAP facility located on land?										
		☐ Yes ☐ No → SKIP to Item 7.3.										
	<u>7.2</u>	Provide the maximum daily and maximum average monthly discharge at CAAP by outfall.										
		Outfall	Discharge									
		Number	Maximui	m Daily Discharge		Maxir	Maximum Average Monthly Discharge					
			gpd				gpd					
			gpd					gpd				
					gr	pd	gpd					
	<u>7.3</u>	Indicate the type and number of discharge structures at the CAAP. Provide a brief description of each structure. Also note the name of the receiving water and the source of the intake water for each structure.										
		Structure Type	Number of Each	Number of Each Descript		Receiving Water Name		Source of Intake Water				
		Ponds										
tics		Raceways										
teris		Net pens						Not a	pplicable			
harac		Submerged cages						Not a	pplicable			
CAAP Facility Characteristics		Similar structures (specify)										
СААР	7.4	List the cold-water and/or warm-water aquatic species raised/produced in the table below. For each species listed, indicate the total yearly and maximum harvestable weight (in pounds).										
			Cold Water Species		Warm Water Species							
		Species	Harvestable Weight		S	pecies		stable We	ight			
			Total Yearly	Maximum			Total Yearly	y I	Maximum			
			lbs.	lbs.			I	bs.	lbs.			
			lbs.	lbs.				bs.	lbs.			
			lbs.	lbs.			l	bs.	lbs.			
			lbs.	lbs.				bs.	lbs.			
	<u>7.5</u>	Indicate the cale	endar month of maxir		he total m		· · ·		at month.			
			Month of Maximum F	eeding		Т	otal Mass of Fo	od Fed				
		lbs.										

EPA Identification Number			NPDES Permit Number	Faci	lity Name	OMB No. 2040-0004 Expires 07/31/2026		
SECTION	8. CHECKL	IST AND CER	TIFICATION STATEMENT (40 CI	FR 122.22(A) <i>I</i>	AND (D))			
	<u>8.1</u>	In Column 1 application.	, below, mark the sections of Form For each section, specify in Colum to that not all applicants are requi	2B that you h	ave completed and ments that you are			
			Column 1		Column 2			
		☐ Section	1: General Information	☐ w/ attachments				
		☐ Section	2: CAFO Owner/Operator Contac	t Information	☐ w/ attachments			
		☐ Section	3: CAFO Location and Contact In	☐ w/ attachments				
ıt		☐ Section	4: CAFO Topographic Map		w/ topographic map w/ additional attachments			
emen		☐ Section	5: CAFO Characteristics		☐ w/ attachments			
Checklist and Certification Statement		☐ Section	Section 6: CAFO Nutrient Management Plans			w/ nutrient management plan w/ attachments		
tifical		☐ Section	7: CAAP Facility Characteristics		□ w/ attachme	nts		
nd Cer		☐ Section	8: Checklist and Certification Stat	ement	☐ w/ attachme	nts		
st ar	<u>8.2</u>	Provide the following certification. (See instructions to determine the appropriate person to sign the application.)						
Checkli		Certification	n Statement					
		I certify under penalty of law that this document and all attachments were prepared under my direction supervision in accordance with a system designed to assure that qualified personnel properly gather a evaluate the information submitted. Based on my inquiry of the person or persons who manage the systhose persons directly responsible for gathering the information, the information submitted is, to the beknowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for false information, including the possibility of fine and imprisonment for knowing violations.						
		Name (print	or type first and last name)		Official title			

Date signed

Signature