



# Minnesota Pollution Control Agency

## LARGE CONCENTRATED ANIMAL FEEDING OPERATION NO POTENTIAL TO DISCHARGE DETERMINATION REQUEST

**Instructions:** Use this form to request a No Potential to Discharge determination from *the Minnesota Pollution Control Agency*. Your completed request must include all of the information specified at 40 CFR 122.21(f) and (i)(1)(i) through (ix) plus any additional information you determine necessary to demonstrate that there will not be, under any circumstances, any discharge from either the production or land application areas of your operation. Use extra sheets and attach documents where needed.

### I. OWNER/OPERATOR INFORMATION

#### A. CONTACT INFORMATION

Owner/Operator Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Facsimile: ( ) \_\_\_\_\_

#### B. FACILITY STATUS

Check one:  
 1. Existing Facility  
 2. Proposed Facility

### II. FACILITY INFORMATION

#### A. GENERAL INFORMATION

Registration Number: \_\_\_\_\_  
Facility Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Facsimile: ( ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
County: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_  
Average Annual Rainfall \_\_\_\_\_ inches

1. Attach a topographic map that clearly shows the location of your production area(s).
2. Have any other permits been issued for this operation?  Yes  No If Yes:

Permit Type

Issuing Agency

Permit Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Has this operation had a discharge of manure, litter, or process wastewater to waters of the state in the past five years?  
 Yes  No
4. Has there ever been a discharge at this operation?  Yes  No  
If yes, explain the circumstances of the discharge and the actions taken to ensure that no future discharges will occur.

**B. ANIMALS IN CONFINEMENT**

Complete the following table to show the maximum number of each type of animal confined at any one time and the type of confinement structure used for each (e.g., open feedlot, under roof, etc.).

Type	No. of Animals	Type(s) of Confinement
Mature cow (milked or dry) over 1,000 pounds		
Mature cow (milked or dry) under 1,000 pounds		
Dairy heifer		
Dairy calf		
Veal		
Beef heifer		
Beef slaughter steer/heifer, stock cow, or bull		
Beef feeder cattle (stocker or backgrounding)		
Beef cow and calf pair		
Beef weaned calf		
Swine over 300 pounds		
Swine between 55 and 300 pounds		
Swine under 55 pounds		
Horse		
Sheep or Lamb		
Layer hens or broilers (with LIQUID manure system)		
Layer hens over 5 pounds (with DRY manure system)		
Layer hens under 5 pounds (with DRY manure system)		
Broilers over 5 pounds (with DRY manure system)		
Broilers under 5 pounds (with DRY manure system)		
Turkeys over 5 pounds		
Turkeys under 5 pounds		
Ducks (with LIQUID manure system)		
Ducks (with DRY manure system)		
Other (specify): 1. _____ 2. _____		

**C. MANURE, LITTER, AND WASTEWATER GENERATION, CONTAINMENT, AND STORAGE**

1. How much manure and/or litter is generated at this facility each year? \_\_\_\_ tons gallons
2. How much process wastewater is generated at this facility each year? \_\_\_\_ gallons

**D. MANURE, LITTER, AND WASTEWATER STORAGE**

Check the box and provide the capacity in both days and tons or gallons for each type of storage structure present at this facility.

Type of Storage	Capacity (days)	Capacity (tons or gallons)	
<input type="checkbox"/> Treatment lagoon			<sup>a</sup> Attach documentation of the methods used to prevent runoff
<input type="checkbox"/> Storage pond			
<input type="checkbox"/> Evaporation pond			
<input type="checkbox"/> Aboveground storage tanks			
<input type="checkbox"/> Underground storage tanks			
<input type="checkbox"/> Underhouse pit			
<input type="checkbox"/> Roofed storage shed			
<input type="checkbox"/> Concrete pad <sup>a</sup>			
<input type="checkbox"/> Impervious soil pad <sup>a</sup>			
<input type="checkbox"/> Other (specify): ____			

**E. STORMWATER AND RUNOFF CONTAINMENT**

1. Check the box and give the total design basis, including total capacity, for each type of stormwater and runoff containment structure present at this facility.

Type of Containment	Total Capacity (gallons)	
<input type="checkbox"/> Treatment lagoon		
<input type="checkbox"/> Storage pond		
<input type="checkbox"/> Holding pond		
<input type="checkbox"/> Evaporation pond		
<input type="checkbox"/> Other (specify): ____		

2. What is the total amount of land (in acres) that contributes stormwater runoff to these containment structures? \_\_\_\_ acres

**F. MANURE, LITTER, AND WASTEWATER USE, TRANSFER, AND DISPOSAL**

1. How much manure and litter is applied to land under the control of this CAFO each year? \_\_\_\_ tons gallons
2. How much wastewater is applied to land under the control of this CAFO each year? \_\_\_\_ gallons
3. What is the total number of acres used at this CAFO to land apply manure, litter, or process wastewater each year? (Do not include land that is not under the control of this CAFO.) \_\_\_\_ acres
4. How much manure and litter is transferred from this CAFO to other persons each year? \_\_\_\_ tons gallons
5. How much wastewater is transferred from this CAFO to other persons each year? \_\_\_\_ gallons
6. Describe any other manure, litter, or wastewater use or disposal method employed at this CAFO:

**G. MANURE AND NUTRIENT MANAGEMENT PLAN\***

1. Has a manure and nutrient management plan (MMP) been developed for this CAFO? Yes No

a. If yes, is the MMP currently being implemented? Yes No

b. If no, when will a MMP be developed? \_\_/20\_\_ (mm/20yy)

2. Was (or will) this CAFO's MMP prepared or reviewed by a certified nutrient management planner? Yes No

**\*Note:** The development and implementation of a MMP is not a basis for granting a no potential to discharge determination. In general, land application activities will result in a facility not being granted a determination of no potential to discharge.

**III. ADDITIONAL INFORMATION**

Provide a statement describing the conditions and/or practices at this CAFO that eliminate the potential to discharge pollutants to waters of the state. (Such information might include precipitation data and/or maps, soil conditions, soil maps, hydrologic conditions, distance to waters of the state, or site-specific management or waste treatment practices.) Attach additional sheets, if needed.

Please identify all documentation provided with this No Potential to Discharge Determination Request.

**IV. CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direct 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 this 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.

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

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_