

**Notification of Change of Ownership  
Animal Waste Management Facility**

(Please type or print all information that does not require a signature)

In accordance with the requirements of 15A NCAC 2T .1304(c) and 15A NCAC 2T .1305(d) this form is official notification to the Division of Water Resources (DWR) of the transfer of ownership of an Animal Waste Management Facility. This form must be submitted to DWR no later than **60 days** following the transfer of ownership.

**General Information:**

Previous Name of Farm: \_\_\_\_\_ Facility No: \_\_\_\_\_ - \_\_\_\_\_

Previous Owner(s) Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

New Owner(s) Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

New Farm Name (if applicable): \_\_\_\_\_

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

Farm Location: Latitude and Longitude: \_\_\_\_\_ / \_\_\_\_\_ County: \_\_\_\_\_

Please attach a copy of a county road map with location identified, and provide the location address and driving directions below (Be specific: road names, directions, milepost, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Operation Description:**

|                                                                                                                                                                                                                                                                                              |                                                                             |                                                                                          |                                         |                                                                                              |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------|
| <i>Type of Swine</i><br><input type="checkbox"/> Wean to Feeder<br><input type="checkbox"/> Wean to Finish<br><input type="checkbox"/> Feeder to Finish<br><input type="checkbox"/> Farrow to Wean<br><input type="checkbox"/> Farrow to Feeder<br><input type="checkbox"/> Farrow to Finish | <i>No. of Animals</i><br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ | <i>Type of Swine</i><br><input type="checkbox"/> Gilts<br><input type="checkbox"/> Boars | <i>No. of Animals</i><br>_____<br>_____ | <i>Type of Cattle</i><br><input type="checkbox"/> Dairy<br><input type="checkbox"/> Beef     | <i>No. of Animals</i><br>_____<br>_____ |
|                                                                                                                                                                                                                                                                                              |                                                                             |                                                                                          |                                         | <i>Type of Poultry</i><br><input type="checkbox"/> Layer<br><input type="checkbox"/> Pullets | <i>No. of Animals</i><br>_____<br>_____ |

Other Type of Livestock: \_\_\_\_\_ Number of Animals: \_\_\_\_\_

Acreage Available for Application: \_\_\_\_\_ Required Acreage: \_\_\_\_\_

Number of Lagoons / Storage Ponds: \_\_\_\_\_ Total Capacity: \_\_\_\_\_ Cubic Feet (ft<sup>3</sup>)

\*\*\*\*\*

**Owner / Manager Agreement**

I (we) verify that all the above information is correct and will be updated upon changing. I (we) understand the operation and maintenance procedures established in the Certified Animal Waste Management Plan (CAWMP) for the farm named above and will implement these procedures. I (we) know that any modification or expansion to the existing design capacity of the waste treatment and storage system or construction of new facilities will require a permit modification before the new animals are stocked. I (we) understand that there must be no discharge of animal waste from the storage or application system to surface waters of the state either directly through a man-made conveyance or from a storm event less severe than the 25-year, 24-hour storm and there must not be run-off from the application of animal waste. I (we) understand that this facility may be covered by a State Non-Discharge Permit or a NPDES Permit and completion of this form authorizes the Division of Water Resources to issue the required permit to the new land owner.

Name of Previous Land Owner: \_\_\_\_\_

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

Name of New Land Owner: \_\_\_\_\_

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

Name of Manager (if different from owner): \_\_\_\_\_

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

Please sign and return this form to:

**Animal Feeding Operations  
N. C. Division of Water Resources  
Water Quality Regional Operations Section  
1636 Mail Service Center  
Raleigh, NC 27699-1636**

**June 12, 2015**