

RESERVED FOR DWEENDEQ USE

TITLE 130 - FORM B - PERMIT APPLICATION

- NEW CONSTRUCTION & OPERATING PERMIT (\$200) MODIFIED CONSTRUCTION & OPERATING PERMIT OR APPLICATION (\$200)
 NEW NPDES GENERAL PERMIT COVERAGE.. (\$200) MODIFIED NPDES PERMIT COVERAGE: GENERAL INDIVIDUAL (\$200)
 NEW NPDES INDIVIDUAL PERMIT (\$200) RENEWAL OF NPDES PERMIT COVERAGE: GENERAL INDIVIDUAL (\$200)
 MODIFICATION TO EXISTING PERMIT NOT LISTED ABOVE: OPERATING CONSTRUCTION APPROVAL (\$200)

PRINT OR TYPE ALL INFORMATION

(If more space is required for any section, attach separate sheet of paper)

LEGAL NAME OF APPLICANT: _____
(If approved, the permit will be issued in this name)

MAILING ADDRESS OF APPLICANT: _____
 _____ Street, Rural Route or P.O. Box City or Town State Zip

TEL. NO(S). OF APPLICANT: (____) _____ (____) _____
 _____ Main Number (Other - Cell, Home, etc.)

EMAIL (optional): _____

NAME OF ANIMAL FEEDING OPERATION: _____
(If different from applicant name above, the name by which the operation does business)

ADDRESS OF OPERATION: _____
 _____ Street (9 - 1 - 1) Address of Operation City or Town State Zip

LEGAL DESCRIPTION OF OPERATION:

_____, _____, _____ N _____ E or W _____ County
 _____ Qtr. _____ Qtr. _____ Section _____ Township _____ Range

_____, _____, _____ N _____ E or W _____ County
 _____ Qtr. _____ Qtr. _____ Section _____ Township _____ Range

Latitude _____ ° _____ ' _____ " Longitude _____ ° _____ ' _____ " _____
(NOTE: Latitude and longitude should be for the main entrance to the animal feeding operation from the public road.)

NAME OF AUTHORIZED REPRESENTATIVE: *(See Page 2 for definition of Authorized Representative)*

 _____ Printed or Typed Name Title or Position

 _____ Mailing Address City or Town State Zip

TEL.: (____) _____ (____) _____ Email (optional) _____
 _____ Main Number (Other - Cell, Home, Fax, etc.)

LIVESTOCK *(Indicate one-time capacity of entire operation, including any livestock previously exempted from permitting.)*

Species <i>(Cattle, Dairy, Swine, etc.)</i>	Average Weight <i>(in lbs.)</i>	Indicate Head Numbers Below			
		Existing	Proposed <i>(+ or -)</i>	Previously Exempted	New Total

***For Modification of permit or application:** If increasing or decreasing head numbers, indicate the proposed change in head numbers separately from existing numbers. Attach a narrative description of the proposed modification(s).

