United States Environmental Protection Agency Office of Water Washington, D.C.

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

Water Permits Division

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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.

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.

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 <u>http://nationalmap.gov/</u>. (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.

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 vicepresident 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		Facility Name	e	OMB No. 2040-0004 Expires 07/31/2026		
Form 2B NPDES	\$€	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	ION (40 CFR 122.21(I)(1))						
General nformation	<u>1.1</u> 1.2	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. Indicate the operational status of the facility. (Check one.)							
		Existir	ng facility		. <i>)</i> Proposed facility				
SECTION			TOR CONTACT INFORM	ATION (40 CFR 1	22.21(F)(2	2) AND (4) AND 122	2.21(I)(1)(I))		
	<u>2.1</u>	Owner/Oper Name (first a	Dperator Contact irst and last)			Title			
Contact Information		Phone numb	er	Email address					
k In	2.2		Weer/Operator Mailing Address						
CAFO O Contac		Street or P.O. box							
		City or town		State		Zip code			
SECTION	3. CAFO LO	DCATION AND	CONTACT INFORMATIC	N (40 CFR 122.2	1(I)(1)(II A	ND III))			
	<u>3.1</u>	CAFO Location and Contact							
rmation		Name							
CAFO Location and Contact Information		Address (stre	(street, route number, or other specific identifier			County			
		City or town		State		Zip code			
Location		Facility conta				Email ad	dress		
FO	<u>3.2</u>	Latitude/Longitude of Entrance to Production Area (see instructions)							
CA		-	Latitude			Long	itude		

EPA Identification Number			NPDES Permit Number		Facility Name	OMB No. 2040-0004 Expires 07/31/2026				
х х	3.3	Integrator Name and Address								
nd Contac ntinued	<u>0.0</u>	Name	Address							
CAFO Location and Contact Information Continued		Street address								
-		City or town		State		Zip code				
SECTION 4	4. CAFO	TOPOGRAPHIC MAP	(40 CFR 122.21(I)(1)	(IV))						
CAFO Topographic Map	<u>4.1</u>	Have you attached a t specific requirements.		ed information to this	application? (See in	structions for				
		Yes								
SECTION		CHARACTERISTICS (4	40 CFR 122.21(I)(1)(V IX))						
	<u>5.1</u>	Provide information or	the type and number		he table below.					
		Animal Type	Number in Open Confinement	Number Housed Under Roof	Animal Type	Number in Open Confinement	Number Housed Under Roof			
		Mature dairy cows			Sheep or lambs					
		Dairy heifers			Chickens (broilers)					
		Veal calves			Chickens (layers)					
		Cattle (not dairy or veal calves)			Ducks					
		Swine (55 lbs. or more)			Other (specify)					
		Swine (under 55 lbs.)			Other (specify)					
ics		Horses			Other (specify)					
erist		Turkeys			Total Animals					
CAFO Characteristics	<u>5.2</u>	Indicate the type of containment and storage, total number of days, and total capacity for manure, litter, and process wastewater storage in the table below.								
0 Cł				Total	Type of		Total			
CAFC		Type of Containment and Storage	Total Number of Days	Capacity (specify gallons or tons)	Containment and Storage	Total Number of Days	Capacity (specify gallons or tons)			
		Anaerobic lagoon			Belowground storage tanks					
		Evaporation			Roofed storage shed					
		Aboveground storage tanks			Concrete pad					
		Storage pond			Impervious soil pad					
		Underfloor pit			Other (specify)					
	<u>5.3</u>	Indicate the total num Item 5.2.	ber of acres drained	and collected in	the containment and	storage structure(s)	reported under			
		acres								

EPA	Identification N	umber	NPDES Permit Number		Facility Name	OMB No. 2040-0004 Expires 07/31/2026					
	Manure I	itter and/or	Process Wastewater Proc	luction	and lise						
	<u>5.4</u>			er and gallons of process wastewater are generated annually at the CAFO?							
		Manure		0	V	tons					
		Litter				tons					
		Process wastewater				gallons					
	<u>5.5</u>	Is manure,	litter, and/or process waste	water g	generated at the CAFO land appl	ied?					
		🛛 Ye	-		No \rightarrow SKIP to Item 5.8.						
pər	<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?									
ntin	<u>5.7</u>	Check all la		ement	practices that are being impleme	nted.					
°C			ffers		Infiltration field						
stics		🔲 Se	tbacks		Grass filter						
teris			nservation tillage		Terrace						
arac			nstructed wetlands		Other (specify)						
o ch	<u>5.8</u>)									
CAFO Characteristics Continued		🗆 Ye			No \rightarrow SKIP to Item 5.10.						
	<u>5.9</u>		tons of manure or litter and other people?	gallon	s of process wastewater, produc	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			NAGEMENT PLANS (40 C								
lans	<u>6.1</u>	Has the applicant attached 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)? Note: A permit application is not complete until a nutrient management plan is submitted to the NPDES permitting authority.									
ent l	<u>6.2</u>	$\Box Yes \rightarrow SKIP to Item 6.3. \qquad \Box No$									
CAFO Nutrient Management Plans	<u>U.2</u>	Explain why a nutrient management plan is not attached to the application and your estimated date for submitting the NMP.									
Nutri	<u>6.3</u>		• • •	implemented at the CAFO?							
AFO	<u>6.4</u>	Vet was t	s ne date of the last review		No						
Ċ	<u>0.4</u>		of the nutrient	Date	9						

EPA Identification Number		NPDES Permit Number Fa		Facility	Name	OMB No. 2040-0004 Expires 07/31/2026					
SECTION				R 122 21(I)(2))							
SECTION 7. CAAP FACILITY CHARACTERISTICS (40 CFR 122.21(I)(2)) 7.1 Is the CAAP facility located on land?											
	<u>1.1</u>	\square Yes \square No \rightarrow SKIP to Item 7.3.									
	<u>7.2</u>	— —									
	<u>1.2</u>	Provide the maximum daily and maximum average monthly discharge at CAAP by outfall. Outfall Discharge									
		Number	Maximu		mum Average Monthly Discharge						
								o			
				gpd							
				gpd							
				gpd							
	7.3	Indicate the t	type and number of disc	harge structures	at the CA	AP. Provide a b	rief description	of each structure.			
			e name of the receiving								
		Structure Type	Number of Each	Descri	Description		ing Water ame	Source of Intake Water			
		Ponds									
S		Raceways									
teristi		Net pens					N				
harac		Submerged cages						Not applicable			
CAAP Facility Characteristics		Similar structures (specify)									
CAAP	<u>7.4</u>		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				m Water Specie	25			
			Harvestab	le Weight	s	Species		stable Weight			
		Species	Total Yearly	Maximum			Total Yearly				
			lbs.	lbs.			lt	os. Ibs.			
			lbs.	lbs.			lk	os. lbs.			
			lbs.	lbs.			lt	os. Ibs.			
			lbs.	lbs.			lk	bs. lbs.			
	<u>7.5</u>	Indicate the o	calendar month of maxi	mum feeding and	the total r	mass of food fee	d (in pounds) d	luring that month.			
		Month of Maximum Feeding				Total Mass of Food 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 C	FR 122.22(A) /	AND (D))			
	<u>8.1</u>	In Column 1, below, mark the sections of Form 2B that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.						
		Column 1				Column 2		
		Section 1: General Information			w/ attachments			
		□ Section	Section 2: CAFO Owner/Operator Contact Information			□ w/ attachments		
		Section 3: CAFO Location and Contact Information			w/ attachments			
Checklist and Certification Statement		Section	Section 4: CAFO Topographic Map			 w/ topographic map w/ additional attachments 		
		Section 5: CAFO Characteristics			w/ attachments			
		□ Section	6: CAFO Nutrient Management P	lans	w/ nutrient m	nanagement plan nts		
		□ Section	7: CAAP Facility Characteristics		□ w/ attachme	nts		
		Section	8: Checklist and Certification Stat	ement	u w/ attachme	nts		
st ar	<u>8.2</u>	Provide the following certification. (See instructions to determine the appropriate person to sign the application.)						
eckli		Certification Statement						
Che		I certify under penalty of law that this document and all attachments were prepared under my direction or 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 the 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 submitti false information, including the possibility of fine and imprisonment for knowing violations.						
		Name (print	or type first and last name)		Official title			
		Signature		Date signed				