

**MARYLAND DEPARTMENT OF THE ENVIRONMENT**  
**Land and Materials Administration • Resource Management Program**

1800 Washington Boulevard • Suite 610 • Baltimore Maryland 21230-1719  
410-537-3314 • 800-633-6101 x3314 • [www.mde.maryland.gov](http://www.mde.maryland.gov)

**NOTICE OF INTENT FOR COVERAGE**

**General Discharge Permit for Animal Feeding Operations (AFOs)**

**Maryland Permit Number: 25AF**

**National Pollutant Discharge Elimination System (NPDES) Permit Number: MDG01**

*Submission of this Notice of Intent (NOI) constitutes notice that the person identified in this form intends to operate under and comply with all terms and conditions of the State/NPDES General Discharge Permit for AFOs (AFO Permit). The discharge of animal waste, including manure, poultry litter, and process wastewater to waters of the State is prohibited unless an AFO has been registered under the AFO Permit by the Maryland Department of the Environment ("MDE"). A person shall hold a CAFO discharge permit issued by MDE before beginning construction on any part of a new CAFO. Incomplete Notices of Intent, including unpaid annual fees, may be rejected by MDE.*

Please submit this completed NOI Form to the following email address:

[cafopermits.mde@maryland.gov](mailto:cafopermits.mde@maryland.gov)

Or mail to:

Maryland Department of the Environment  
Land and Materials Administration/AFO Division  
1800 Washington Boulevard, Suite 610  
Baltimore, Maryland 21230-1719

**General Information**

**AI Number:** \_\_\_\_\_

<b>1. LEGAL Name of Applicant (must match name on required plan):</b>		
<b>2. AFO Type (check one)</b>	<input type="checkbox"/> Maryland Animal Feeding Operation (MAFO) <input type="checkbox"/> Concentrated Animal Feeding Operation (CAFO)	
<b>3. Applying for (check one):</b>	<input type="checkbox"/> New Coverage <input type="checkbox"/> Continuation of Coverage <input type="checkbox"/> Modification of 25AF coverage	
<b>4. Reason for NOI (please fill out corresponding column)</b>		
<b>A. New Coverage</b>	<b>B. Continuation of Coverage (renewal)</b>	<b>C. Modification of 25AF Coverage</b>
<input type="checkbox"/> New owner/operator <input type="checkbox"/> Proposed operation ( <i>NO construction may begin until permit coverage is obtained</i> ) Date of anticipated start of AFO operation:	<input type="checkbox"/> No changes in operation <input type="checkbox"/> There has been a change in one or more of the following ( <i>please indicate</i> ): <ul style="list-style-type: none"><li>○ Size or number of houses</li><li>○ Animal number, resulting in change of size category</li><li>○ CAFO to MAFO, MAFO to CAFO</li><li>○ No-Land to Land, Land to No-Land</li><li>○ Conventional to an organic operation</li></ul>	<input type="checkbox"/> Expanding <input type="checkbox"/> Change in animal number, resulting in change of size category <input type="checkbox"/> Change from CAFO to MAFO <input type="checkbox"/> Change from MAFO to CAFO <input type="checkbox"/> Change from no-land to land <input type="checkbox"/> Change from land to no-land Change from conventional to an organic operation

## Farm Information

<b>5. Mailing Address of Applicant:</b>		
<i>City:</i>	<i>State</i>	<i>Zip</i>
<b>6. Applicant Contact Information:</b>	<i>(Home)</i>	
	<i>(Cell)</i>	
	<i>(Email)</i>	

## Applicant (Owner/Operator Information)

*Please attach a topographic map including the production area as well as the land application area (if applicable)*

<b>7. Farm Name:</b>	<i>Same as Legal Name</i> <i>Other (Please Specify)</i>	
<b>8. Farm Address:</b>		
<i>City</i>	<i>County</i>	<i>Zip Code</i>
<b>9. Watershed/Hydrologic Unit Code (HUC) (12-digit):</b>		
<b>10. Latitude/Longitude of Production Area (Deg/Min/Sec):</b> ____ - ____ - ____ / ____		

### 11. Animal Information

A. Animal Type(s) <i>(from AFO size chart)</i>	B. Maximum Number of Animals <i>at any given time</i> <i>(For poultry, please indicate bird type and number per flock)</i>	C. Operation Size <i>(consult AFO size chart)</i>	D. Animal Confinement Type <i>(e.g. house, feedlot, barn, milking parlor, pen)</i>

### 12. \*\*Total number of acres controlled by applicant available for land application of manure/litter/process wastewater: *Owned:* \_\_\_\_\_ *Leased:* \_\_\_\_\_

**\*\*40 CFR Parts 122.23(b)(3) and 412.2(e) define "land application area" as "all land under the control of the AFO owner/operator; whether by ownership, lease, or agreement, to which manure, litter or process wastewater from the production area is or may be applied." Land under the control of the AFO owner/operator means:**

- Land that is owned and operated by the applicant; or
- Land the applicant does not own but operates, manages, or otherwise decides how nutrients from the CAFO/MAFO are to be applied, such as through a rental or lease agreement.

*\*For poultry only (13-16):*

<b>13. *Number of Poultry Houses</b>		
<b>14. *Combined square footage of <i>all</i> poultry houses:</b>		
<b>15. *Date(s) poultry houses constructed:</b>		
<b>16. *Integrator (check one):</b>		<b>Contact Information</b>
<input type="checkbox"/> Allen-Harim	<input type="checkbox"/> Mountaire	Phone: _____ Address: _____ _____
<input type="checkbox"/> Amick	<input type="checkbox"/> Perdue	
<input type="checkbox"/> Coleman (Organic)	<input type="checkbox"/> Tyson	
<input type="checkbox"/> Other (Please Specify): _____		

### Manure/Mortality Management

<b>17. Total Manure/Litter/Wastewater generated <i>annually</i>:</b> _____	<input type="checkbox"/> tons <input type="checkbox"/> lbs <input type="checkbox"/> gallons
<b>18. Total Manure/Litter/Wastewater transported offsite <i>annually</i>:</b> _____	<input type="checkbox"/> tons <input type="checkbox"/> lbs <input type="checkbox"/> gallons
<b>19. Total Manure Storage (please list individually):</b>	
<b>A. Type (e.g. shed, lagoon, pit)</b>	<b>B. Capacity (ft<sup>3</sup>, gal)</b>
<b>20. Mortality Management Method</b>	
<input type="checkbox"/> Compost <input type="checkbox"/> Incinerate <input type="checkbox"/> Freeze <input type="checkbox"/> Other (Please Specify): _____ <input type="checkbox"/> Render	

### MDEnviroScreen Tool EJ Score

The MDEnviroScreen EJ Score is an overall evaluation of an area's circumstances using environmental and other indicators. Under Section 1-601.1 of the Environment Article, Annotated Code of Maryland, a person applying for coverage under the General Permit for Animal Feeding Operations shall include in the application the EJ Score from the Maryland EJ tool for the census tract where the applicant is seeking a permit. MDEnviroScreen can be accessed at:

[https://mde.maryland.gov/Environmental\\_Justice/Pages/MDEnviroScreen.aspx](https://mde.maryland.gov/Environmental_Justice/Pages/MDEnviroScreen.aspx)

21. EJ Score	
--------------	--

## CAFOs Only - Fees

- Pursuant to COMAR 26.08.04.09-1(J), the first annual fee payment shall be submitted to MDE with the NOI Form. MDE will invoice the applicant for any future permit annual fees owed pursuant to COMAR 26.08.04.09-1. The fees shall be paid annually, no later than the anniversary of the effective date of the permit.
- Annual fees will be based on the size of the operation (see AFO size chart) and are based on Table 1 under regulation 26.08.03.09(3). Medium CAFOs shall pay a \$600 yearly fee and Large CAFOs shall pay a \$1,200 yearly fee. The CAFO AI # and the payment code should be on the check's memo:
  - Payment Code: AF PCA 13734, Comp Object 5651, Agency Object 5651
- All fees shall be mailed to:

Maryland Department of the Environment  
P.O. Box 1417  
Baltimore, Maryland 21203-1417

## Required Plan and Other Requirements

*CAFO permit application requirements at 40 CFR §122.21(i)(1)(x) specify that applications for coverage (including NOIs) must include nutrient management plans (NMPs) that at a minimum satisfy the requirements specified in 40 §122.42(e). Comprehensive Nutrient Management Plans (CNMPs), as defined in the General Discharge Permit for Animal Feeding Operations (AFOs) (25AF, MDG01), satisfy these requirements. An application will not be processed until a completed NOI form and a current CNMP are received. A CNMP must be developed by a certified and licensed plan writer, and in addition to the federal requirements, must satisfy the nutrient management requirements in COMAR 15.20.07 and 15.20.08.*

*Pursuant to Section 1-202 of the Environment Article, MDE cannot issue a license or permit an employer with covered employees as defined by § 9-101 of the Labor and Employment Article. The employer shall file with MDE: (1) A certificate of compliance with the Maryland Workers' Compensation Act; or (2) The number of a workers' compensation insurance policy or binder.*

*Pursuant to Section 1-203(b) of the Environment Article, MDE cannot renew a license or permit to a permittee who has undisputed taxes and unemployment insurance contributions payable to the comptroller or the Secretary of Labor.*

## Certification

*The personal information requested on this form is intended to be used in processing your NOI. This Notice is provided pursuant to Title 4 of the General Provisions Article, Annotated Code of Maryland. Your NOI may not be processed if you fail to provide all requested information. You have the right to inspect, amend, or correct this form. MDE is a public agency and subject to the Maryland Public Information Act (Md. Code Ann., Gen. Prov. §§ 4-101, et seq.). This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not otherwise protected by federal or State law.*

*By signing this form, I, the permittee, do solemnly affirm under the penalties of perjury that the contents of this application are true to the best of my knowledge, information, and belief. I hereby authorize representatives of MDE to have access to the AFO and associated lots/facilities (farms) for inspection at all reasonable times. I further authorize representatives of MDE to have access to records relating to this application and the AFO and associated lots/facilities (farms) for review and inspection at all reasonable times. I acknowledge that depending on the type of permit applied for, other permits or approvals may be required.*

**Signature of Permittee:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name of Permittee:** \_\_\_\_\_

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

### AFO Size Chart

Animal Type	Circumstances under which Animal Feeding Operations Require Permit Coverage		
	CAFO or MAFO Registration Required	CAFO/MAFO Registration Required under Certain Circumstances	Registration Needed Only if Designated
	Large	Medium	Small
Cattle (includes heifers)	1000 or more animals	300—999 animals	less than 300 animals
Dairy cattle	700 or more animals	200—699 animals	less than 200 animals
Horses	500 or more animals	150—499 animals	less than 150 animals
Veal	1000 or more animals	300—999 animals	less than 300 animals
Swine ≥ 55 pounds	2500 or more animals	750—2499 animals	less than 750 animals
Swine < 55 pounds	10,000 or more animals	3,000—9,999 animals	less than 3,000 animals
Sheep and lambs	10,000 or more animals	3,000—9,999 animals	less than 3,000 animals
Ducks with liquid manure handling+	5,000 or more animals	1,500—4,999 animals	less than 1,500 animals
Chickens with liquid manure handling	30,000 or more animals	9,000—29,999 animals	less than 9,000 animals
Ducks with dry manure handling	30,000 or more animals	10,000—29,999 animals	less than 10,000 animals
Laying hens with dry manure handling	82,000 or more animals	25,000—81,999 animals	less than 25,000 animals
Chickens (other than laying hens) with dry manure handling	125,000 or more animals or greater than or equal to total house size of 100,000 ft <sup>2</sup>	37,500—124,999 animals and less than total house size of 100,000 ft <sup>2</sup>	less than 37,500 animals
Turkeys	55,000 or more animals	16,500—54,999 animals	less than 16,500 animals

+A separate discharge permit is required for large category duck CAFOs

PLEASE NOTE- THIS PAGE WILL NOT BE RELEASED DURING THE PUBLIC  
NOTIFICATION PERIOD

**23. Legal Structure** (please select and provide information in corresponding box):

- ☐ Sole Proprietorship/Individual *\*complete BOX 1*
- ☐ Corporation/LLC/Partnership *\*complete BOX 2*
- ☐ Other (please specify): \_\_\_\_\_

**BOX 1:**

**For a sole proprietorship or individual:**

Social Security No. \_\_\_\_\_

*Pursuant to the Federal Privacy Act of 1974, 5 U.S.C. §552.a. Disclosure of your Social Security Number on this application is mandatory pursuant to the provisions of §1-203 (2003), Environment Article, Annotated Code of Maryland, which requires MDE to verify that an applicant for a permit has paid all undisputed taxes and unemployment insurance. MDE is also mandated by §10-119.3, Family Law Article, Annotated Code of Maryland, to require each applicant for a license to disclose the Social Security Number of the applicant and record the applicant's Social Security Number on the application. Pursuant to §10-119.3(a)(2), the definition of "license" means any license, certificate, registration, permit, or other authorization that: (i) is issued by a licensing authority; (ii) is subject to suspension, revocation, forfeiture, or termination by a licensing authority; and (iii) is necessary for an individual to practice or engage in a particular business, occupation, or profession. Social Security Numbers will not be used for any purposes other than those described in this Notice.*

**BOX 2:**

**For a Corporation, LLC, or Partnership:**

Federal Tax Identification No.: \_\_\_\_\_ - \_\_\_\_\_

Maryland State Department of Assessments and Taxation (SDAT) ID No.:

(if applicable) Workers' Compensation Insurance Policy/Binder No.:

*Please note that a business/entity must be registered to do business in Maryland before coverage under this permit can be issued. The business or entity's information provided in this NOI must match the information in the SDAT register.*

*Pursuant to the provisions of § 1-202 of the Environment Article, before any license or permit may be issued to an employer to engage in an activity in which the employer may employ a covered employee, as defined in § 9-101 of the Labor and Employment Article, the employer shall file with the issuing authority: (1) A certificate of compliance with the Maryland Workers' Compensation Act; or (2) The number of a workers' compensation insurance policy or binder.*