

**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 2H .0217(a)(1)(H)(xii) this form is official notification to the Division of Water Quality (DWQ) of the transfer of ownership of an Animal Waste Management Facility. This form must be submitted to DWQ no later than **60 days** following the transfer of ownership.

**General Information:**

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

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

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

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

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

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

**Operation Description:**

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

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

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

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**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 Quality 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:**

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