

**REQUEST FOR REACTIVATION OF  
ANIMAL WASTE MANAGEMENT SYSTEM**

Please reactivate this following facility on the 2H .0200 active animal operations list.

Facility Number: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Owner: \_\_\_\_\_

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

\_\_\_\_\_

County: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**A copy of a complete Animal Waste Management Plan Certification must be submitted with this form in order for this facility to be reactivated. Documentation that this facility has been operated within the last four years must also be submitted. You will be notified by the Division of Water Quality when the facility has been reactivated and may stock animals once notification is received.**

**If a facility is abandoned or unused for a period of four years or more, it would be considered as a new facility if the owner wanted to reopen it and would have to meet all requirements of a new facility before it could be restocked.**

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

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

**Please return completed form to:  
NC Division of Water Quality  
Animal Feeding Operations Unit  
1636 Mail Service Center  
Raleigh, NC 27699-1636**