

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 (Cattle, Dairy, Swine, etc.)	Average Weight (in lbs.)	Indicate Head Numbers Below			
		Existing	Proposed (+ or -)	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).

NOTE: "Applicant" refers to the legal name of an individual, a corporation, a limited liability company, partnership, or government entity to whom the permit will be issued, if approved. If applicant is an individual, completion of a U.S. Citizenship Attestation form may be required, except when already on file with the Department. The Applicant is responsible for compliance with all local laws, and for obtaining applicable local, county, and other permits. The Certification below must be signed by the applicant or an authorized representative, as defined below.

CERTIFICATION

I certify that, to the best of my knowledge and belief, I have the authority under the laws of the State of Nebraska to sign this application. I also 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 significant penalties exist for submitting false information, including the possibilities of a fine and imprisonment for knowing violations.

Printed or Typed Name of Applicant or Authorized Representative

Signature of Applicant or Authorized Representative

Date of Signature

"Authorized Representative" means, for:

A Corporation: a principal executive officer in charge of a principal business function and of at least the level of vice president; or

A Limited Liability Company: a manager or principal executive officer; or

A Partnership: a general partner; or

A Sole Proprietorship: the proprietor; or

A Municipal, state or other public entity: a principal executive officer or ranking elected official

TECHNICAL ADVISOR INFORMATION

NAME OF CONSULTANT OR ADVISOR _____ TITLE OR CERTIFICATION: _____

NAME OF COMPANY _____

STREET ADDRESS _____ CITY/STATE/ZIP _____

CONSULTANT PHONE NO.: (_____) _____ (_____) _____
(Work) (Other: Cell, Home, Fax, etc.)

Email: _____

I certify that the design of the livestock waste control facility meets the minimum requirements as outlined in Title 130, "Livestock Waste Control Regulations," of the Nebraska Department of Environmental Quality.

Signature of Technical Advisor or Professional Engineer

Date of Signature

---Seal of Professional Engineer---
(if required)

---For DEQ Office Use Only---