Water Permits Division



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

The U.S. Environmental Protection Agency (EPA) estimates the average burden for concentrated animal feeding operation respondents to collect information and complete Form 2B to be 9.2 hours (8.7 hours to complete and submit the application and 0.5 hours to complete and submit a nutrient management plan). EPA estimates the average burden for concentrated aquatic animal production respondents to collect information and complete Form 2B to be 5.5 hours. These estimates include time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. Send comments about the burden estimates or any other aspect of this collection of information to the Chief, Information Policy Branch (PM-223), U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725 17th Street, NW, Washington, DC 20503, marked "Attention: Desk Officer for EPA."

FORM 2B—INSTRUCTIONS

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 the Agency's 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

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.

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, second 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 (e.g., https://mvnasadata.larc.nasa.gov/latitudelongitude-finder/). 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 (e.g., https://mynasadata.larc.nasa.gov/latitudelongitude-finder/),

FORM 2B—INSTRUCTIONS CONTINUED

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 the United States USGS's National Map website at http://nationalmap.gov/. (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 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 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 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. CWA Section 309(c)(2) provides that, "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."

FORM 2B-INSTRUCTIONS CONTINUED

FEDERAL REGULATIONS AT 40 CFR 122.22 REQUIRE THIS APPLICATION TO BE SIGNED AS FOLLOWS:

- 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 vice-president 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	EPA Identification Number		NPDES Perr	nit Number		Facility	Name	Form Approved 03/05/19XX/XX/ OMB No. 2040-000			
Form 2B NPDES	⊕ E	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	ON (40 CFR 122.								
General nformation	1.1	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.									
9 5	1.2	Indicate the	perational status	of the facility. (Check one.))					
_		☐ Existin	g facility		☐ Proposed facility			cility			
SECTION	2. CAFO 0	WNER/OPERA	TOR CONTACT	INFORMATION	I (40 CFR 1	22.21(f	(2) and (4)	and 122.21(i)(1)(i))			
	2.1		ator Contact								
		Name (first a	nd last)			Title					
CAFO Owner/Operator Contact Information		Phone numb	er			Email	address				
# w	2.2	Owner/Operator Mailing Address									
CAFO O Contac		Street or P.C). box								
		City or town		State	Э			Zip code			
SECTION	3. CAFO LO	OCATION AND	CONTACT INFO	RMATION (40	CFR 122.2	1(i)(1)(i	i and iii))				
	3.1		ion and Contact								
mation		Name									
tact Infor		Address (stre	eet, route number,	or other specif	ic identifier)		County				
and Con		City or town	State		Z		Zip code				
CAFO Location and Contact Information		Facility conta	ct name	Pho	ne number		Email address				
<u> </u>	3.2	Latitude/Lor	ngitude of Entrar		i on Area (se	ee instr	uctions)				
CA			Latitud	de		Longitude					

EPA Form 3510-2B (revised 3-19<u>X-21)</u> Page 1

EPA Ide	ntification N	Number NPD	ES Permit Number		Facility Name		Form Approved 03/05/19XX/XX/21 OMB No. 2040-0004				
+-	3.3	Integrator Name and Address									
CAFO Location and Contact Information Continued	5.5	Name Street address	Addiess								
Locatio											
_		City or town		State		Zip code					
SECTION 4	. CAFO	TOPOGRAPHIC MAP (4	40 CFR 122.21(i)(1)	(iv))							
CAFO Topographic Map	4.1	Have you attached a to specific requirements.) ☐ Yes → SKIP to		taining all requir	red information to this	application? (See in	structions for				
SECTION 5	. CAFO	CHARACTERISTICS (4	0 CFR 122.21(i)(1)(v-ix))							
	5.1	Provide information on			the 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						
haract	5.2	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.									
CAFO Characteristics		Type of Containment and Storage	Total Number of Days	Total Capacity (specify gallons or tons)	Type of Containment and Storage	Total Number of Days	Total 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)						
	5.3	Indicate the total numb	er of acres drained	and collected in	the containment and	storage structure(s)	reported under				
		acres									

EPA Form 3510-2B (revised 3-19X-21) Page 2

EPA Id	entification Nu	mber	NPDES Permit Numbe	er .	Facility Name	Form Approved 03/05/19XX/XX/21 OMB No. 2040-0004					
	Manura	Litter and	Vor Process Wastewater I	Production	and lies						
	5.4		, and/or Process Wastewater Production and Use ow many tons of manure or litter and gallons of process wastewater are generated annually at the CAFO?								
		Manure				tons					
		Litter				tons					
		Process	s wastewater			gallons					
	5.5	Is manure, litter, and/or process wastewater generated at the CAFO land applied?									
			Yes		No → SKIP to Item 5.8.						
78	5.6		ess wastewater?	control of	the applicant are available for ap	oplying the CAFO's manure, litter,					
Ë			acres		and the other halos in all and						
Coni	5.7	l	• • •	nagement	practices that are being implement Infiltration field	entea.					
ics			Buffers	_							
erist			Setbacks		Grass filter						
ract			Conservation tillage		Terrace						
Cha			Constructed wetlands		Other (specify)	•					
CAFO Characteristics Continued	5.8		•		ransferred to any other persons	?					
S			Yes		No → SKIP to Item 5.10.						
	5.9		any tons of manure or litter y to other people?	and gallon	s of process wastewater, produc	ced by the CAFO, are transferred					
		Manure	•			tons					
		Litter				tons					
		Process	s wastewater			gallons					
	5.10	Describ	e alternative use(s) of man	ure, litter, o	or process wastewater, if any.						
ECTION	6. CAFO N	UTRIENT	MANAGEMENT PLANS (4	0 CFR 122	21(i)(1)(x))						
ans	6.1	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.									
뒽			Yes → SKIP to Item 6.3.		No						
CAFO Nutrient Management Plans	6.2		why a nutrient managemening the NMP.	nt plan is n	ot attached to the application <u>an</u>	id your estimated date for					
utrie	6.3	Is a nut	rient management plan bei	ng impleme	ented at the CAFO?						
Ž O			Yes		No						
CAF	6.4	or revis	as the date of the last revie ion of the nutrient ement plan?	ew Date)						

Commented [AS1]: I did not remove this "No" question since it leads to Item 6.2, which provides space to provide an explanation if they have not attached the NMP. I'm wondering if we could remove the "No" answer and Item 6.2 since, as noted in Item 6.1, the application is not complete until an NMP is submitted? If you want to remove, I suggest running this by someone in the CAFO program (Jenny Molloy).

Note that 40 CFR 122.21(i)(1)(x) requires "A nutrient management plan that at a minimum satisfies the requirements specified in §122.42(e), including, for all CAFOs subject to 40 CFR part 412, subpart C or subpart D, the requirements of 40 CFR 412.4(c), as applicable."

If you keep Item 6.2, I made a suggested edit to account for a scenario where the applicant was still developing the NMP and planned to submit at a later date.

EPA Form 3510-2B (revised 3-19X-21) Page 3

EPA Identification Number		nber				racility Name			OMB No. 2040-0004				
SECTION :	7. CAAP FA	CILITY C	CHARAC	TERISTICS (40 CFF	R 122.21(i	i)(2))							
	7.1	Is the C	Is the CAAP facility located on land?										
		☐ Yes ☐ No → SKIP to Item 7.3.											
	7.2	Provide	the max	imum daily and max	imum ave	erage moi	nthly di	schar	ge at CAAF	by outfall.			
		Outfall					Discharge						
		Num	ber	Maximu	m Daily Di	scharge		Maxim		num Average Monthly Discharge			
							!	gpd gpd					
				gpd							gpd		
				gpd					gpd				
	7.3		Indicate the type and number of discharge structures at the CAAP. Provide a brief description of each structure. Also note the name of the receiving water and the source of the intake water for each structure.										
		Struc Typ	ture	Number of Each		Description			Receiving Water Name			ource of Intake Water	
		Pon	ds										
g		Racev	ways										
teristi		Net p									Not applicable		
harac		Subme cag	es								ı	Not applicable	
CAAP Facility Characteristics		Simi struct (spec	ures										
СААР	7.4	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).									ch species		
		Cold Water Species							War	m Water Spec	ies		
		Species		Harvestable Weig				Spec	ies			e Weight	
		Оро	Оресісэ	Total Yearly	Maxir	mum				Total Yearly	y	Maximum	
				lbs.		lbs.				I	lbs.	lbs.	
				lbs.		lbs.				I	lbs.	lbs.	
				lbs.		lbs.				l	lbs.	lbs.	
				lbs.		lbs.					lbs.	lbs.	
	7.5	Indicate the calendar month of maximum feeding and the total mass of food fed (in pounds) during that month.											
				Month of Maximum F	eeding				To	otal Mass of Fo	ood F	ed	
											lbs.		

EPA Form 3510-2B (revised 3-19X-21) Page 4

EPA Ide	EPA Identification Number		NPDES Permit Number	Facili	ty Name	Form Approved <u>03/05/19XX/XX/21</u> OMB No. 2040-0004		
SECTION	8. CHECKL	IST AND	CERTIFICATION STATEMENT (40 (CFR 122.22(a) a	nd (d))			
	8.1	applica	mn 1, below, mark the sections of For tion. For each section, specify in Colu cy. Note that not all applicants are requ	mn 2 any attach	ments that you are			
		Column 1			Column 2			
		☐ Se	ection 1: General Information		☐ w/ attachmen	nts		
		☐ Se	ection 2: CAFO Owner/Operator Conta	☐ w/ attachments				
		☐ Se	ection 3: CAFO Location and Contact	Information	☐ w/ attachmen	nts		
ŧ.		□ Se	ection 4: CAFO Topographic Map		□ w/ topographic map□ w/ additional attachments			
emen	8.2	☐ Section 5: CAFO Characteristics			☐ w/ attachments			
Checklist and Certification Statement		☐ Se	ection 6: CAFO Nutrient Management	Plans	□ w/ nutrient m □ w/ attachmen	anagement plan nts		
tificat		☐ Se	ection 7: CAAP Facility Characteristics	3	☐ w/ attachmen	nts		
d Cer		☐ Se	ection 8: Checklist and Certification St	atement	☐ w/ attachmen	nts		
star		Provide	the following certification. (See instru	ictions to determ	ine the appropriate	person to sign the application.		
eckli		Certific	cation Statement					
Ğ	1	supervi evaluat those p knowle	under penalty of law that this docume sion in accordance with a system des e the information submitted. Based or ersons directly responsible for gather dge and belief, true, accurate, and cor formation, including the possibility of f	that qualified person ne person or person on, the information are that there are si	nnel properly gather and s who manage the system, or submitted is, to the best of my gnificant penalties for submitting			
		Name (print or type first and last name)		Official title			
		Signatu	re		Date signed			

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Page 5

EPA Form 3510-2B (revised 3-19X-21)