

**State of North Carolina
Department of Environmental Quality
Division of Water Resources**

**Animal Waste Management Systems
Request for Certification of Coverage**

Facility Currently covered by an Expiring Sate Non-Discharge General Permit

On September 30, 2019, the North Carolina State Non-Discharge General Permits for Animal Waste Management Systems will expire. As required by these permits, facilities that have been issued Certificates of Coverage to operate under these State Non-Discharge General Permits must apply for renewal at least 180 days prior to their expiration date. Therefore, all applications must be received by the Division of Water Resources by no later than April 3, 2019.

Please do not leave any question unanswered. Please verify all information and make any necessary corrections below. Application must be signed and dated by the Permittee.

1. Farm Number: 51-0034 Certificate Of Coverage Number: AWS510034
2. Facility Name: Creekside Farms
3. Landowner's Name (same as on the Waste Management Plan): R M Hayes
4. Landowner's Mailing Address: 1646 Stricklands Crossroads Rd
 City: Four Oaks State: NC Zip: 27524
 Telephone Number: 919-934-0106 Ext. E-mail:
5. Facility's Physical Address: 494 Stricklands Crossroads Rd
 City: Four Oaks State: NC Zip: 27524
6. County where Facility is located: Johnston
7. Farm Manager's Name (if different from Landowner):
8. Farm Manager's telephone number (include area code):
9. Integrator's Name (if there is not an Integrator, write "None"): Murphy-Brown LLC
10. Operator Name (OIC): Raymond M. Hayes Phone No.: 919-934-0106 OIC #: 18472
11. Lessee's Name (if there is not a Lessee, write "None"):

12. Indicate animal operation type and number:

Current Permit:	Operations Type	Allowable Count
	Swine - Feeder to Finish	5,320

Operation Types:

Swine

- Wean to Finish
- Wean to Feeder
- Farrow to Finish
- Feeder to Finish
- Farrow to Wean
- Farrow to Feeder
- Boar/Stud
- Gilts
- Other

Cattle

- Dairy Calf
- Dairy Heifer
- Milk Cow
- Dry Cow
- Beef Stocker Calf
- Beef Feeder
- Beef Broad Cow
- Other

Dry Poultry

- Non Laying Chickens
- Laying Chickens
- Pullets
- Turkeys
- Turkey Pullet

Wet Poultry

- Non Laying Pullet
- Layers

Other Types

- Horses - Horses
- Horses - Other
- Sheep - Sheep
- Sheep - Other

ROY COOPER
Governor
MICHAEL S. REGAN
Secretary
LINDA CULPEPPER
Director



February 27, 2019

R M Hayes
Creekside Farms
1646 Stricklands Crossroads Rd
Four Oaks, NC 27524

Subject: Application for Renewal of Coverage for Expiring State General Permit

Dear Permittee:

Your facility is currently approved for operation under one of the Animal Waste Operation State Non-Discharge General Permits, which expire on September 30, 2019. Copies of the new animal waste operation State Non-Discharge General Permits are available at <https://deq.nc.gov/about/divisions/water-resources/water-quality-regional-operations/afg> or by writing or calling:

NCDEQ-DWR
Animal Feeding Operations Program
1636 Mail Service Center
Raleigh, North Carolina 27699-1636
Telephone number: (919) 707-9100

In order to assure your continued coverage under the State Non-Discharge General Permits, you must submit an application for permit coverage to the Division. Enclosed you will find a "Request for Certificate of Coverage Facility Currently Covered by an Expiring State Non-Discharge General Permit." The application form must be completed, signed and returned by **April 3, 2019**. Please note that you must **include one (1) copy of the Certified Animal Waste Management Plan (CAWMP) with the completed and signed application form.** A list of items included in the CAWMP can be found on page 2 of the renewal application form.

Failure to request renewal of your coverage under a general permit within the time period specified may result in a civil penalty. Operation of your facility without coverage under a valid general permit would constitute a violation of NCGS 143-215.1 and could result in assessments of civil penalties of up to \$25,000 per day.

If you have any questions about the State Non-Discharge General Permits, the enclosed application, or any related matter please feel free to contact the Animal Feeding Operations Branch staff at 919-707-9100.

Sincerely,

A handwritten signature in blue ink, appearing to read "JR", is written over a light blue horizontal line.

Jon Risgaard, Section Chief
Animal Feeding Operations and Groundwater Section

Enclosures
cc (w/o enclosures): Raleigh Regional Office, Water Quality Regional Operations Section
Johnston County Soil and Water Conservation District
AFOG Section Central Files - AWS510034
Murphy-Brown LLC



North Carolina Department of Environmental Quality | Division of Water Resources
512 N. Salisbury St. | 1636 Mail Service Center | Raleigh, North Carolina 27699-1636
919.707.9000

I attest that this application has been reviewed by me and is accurate and complete to the best of my knowledge. I understand that, if all required parts of this application are not completed and that if all required supporting information and attachments are not included, this application package will be returned to me as incomplete.

Note: In accordance with NC General Statutes 143-215.6A and 143-215.6B, any person who knowingly makes any false statement, representation, or certification in any application may be subject to civil penalties up to \$25,000 per violation. (18 U.S.C. Section 1001 provides a punishment by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both for a similar offense.)

Printed Name of Signing Official (Landowner, or if multiple Landowners all landowners should sign. If Landowner is a corporation, signature should be by a principal executive officer of the corporation):

Name: RM Hayes Title: OWNER

Signature: RM Hayes Date: 3-15-2019

Name: _____ Title: _____

Signature: _____ Date: _____

Name: _____ Title: _____

Signature: _____ Date: _____

THE COMPLETED APPLICATION SHOULD BE SENT TO THE FOLLOWING ADDRESS:

**NCDEQ-DWR
Animal Feeding Operations Program
1636 Mail Service Center
Raleigh, North Carolina 27699-1636**

**Telephone number: (919) 707-9100
E-mail: 2019PermitRenewal@ncdenr.gov**

13. Waste Treatment and Storage Lagoons (Verify the following information is accurate and complete. Make all necessary corrections and provide missing data.)

Structure Name	Estimated Date Built	Liner Type (Clay, Synthetic, Unknown)	Capacity (Cubic Feet)	Estimated Surface Area (Square Feet)	Design Freeboard "Redline" (Inches)
LAGOON	1994	Clay	138,134 138,134	130,680	19.00

Mail one (1) copy of the Certified Animal Waste Management Plan (CAWMP) with this completed and signed application as required by NC General Statutes 143-215.10C(d) to the address below.

The CAWMP must include the following components:

1. The most recent Waste Utilization Plan (WUP), signed by the owner and a certified technical specialist, containing:
 - a. The method by which waste is applied to the disposal fields (e.g. irrigation, injection, etc.)
 - b. A map of every field used for land application (for example: irrigation map)
 - c. The soil series present on every land application field
 - d. The crops grown on every land application field
 - e. The Realistic Yield Expectation (RYE) for every crop shown in the WUP
 - f. The maximum PAN to be applied to every land application field
 - g. The waste application windows for every crop utilized in the WUP
 - h. The required NRCS Standard specifications
2. A site map/schematic
3. Emergency Action Plan
4. Insect Control Checklist with chosen best management practices noted
5. Odor Control Checklist with chosen best management practices noted
6. Mortality Control Checklist with selected method noted - Use the enclosed updated Mortality Control Checklist
7. Lagoon/storage pond capacity documentation (design, calculations, etc.) Please be sure the above table is accurate and complete. Also provide any site evaluations, wetland determinations, or hazard classifications that may be applicable to your facility.
8. Operation and Maintenance Plan

If your CAWMP includes any components not shown on this list, please include the additional components with your submittal. (e.g. composting, digesters, waste transfers, etc.)

As a second option to mailing paper copies of the application package, you can scan and email one signed copy of the application and all the CAWMP items above to: 2019PermitRenewal@ncdenr.gov