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Water Permits Division

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# 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**

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory (40 CFR 122.21). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to be 2.7 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

**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 its 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 form.

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, seconds 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, 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, 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 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 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 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 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. Section 309(c)(2) of the Act states, "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."

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

A. 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 Identification Number	NPDES Permit Number	Facility Name	OMB No. 2040-0004 Expires MM/DD/YYYY
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Form 2B NPDES		<b>U.S. Environmental Protection Agency</b> <b>Application for NPDES Permit to Discharge Wastewater</b> <b>CONCENTRATED ANIMAL FEEDING OPERATIONS and</b> <b>CONCENTRATED AQUATIC ANIMAL PRODUCTION FACILITIES</b>
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**SECTION 1. GENERAL INFORMATION (40 CFR 122.21(I)(1))**

General Information	<a href="#">1.1</a>	Indicate the facility/business type. (Check only one response.) <input type="checkbox"/> CAFO → Complete Sections 1 through 6 and Section 8. <input type="checkbox"/> CAAP → Complete Sections 1, 7, and 8.
	<a href="#">1.2</a>	Indicate the operational status of the facility. (Check one.) <input type="checkbox"/> Existing facility <span style="margin-left: 200px;"><input type="checkbox"/> Proposed facility</span>

**SECTION 2. CAFO OWNER/OPERATOR CONTACT INFORMATION (40 CFR 122.21(F)(2) AND (4) AND 122.21(I)(1)(I))**

CAFO Owner/Operator Contact Information	<a href="#">2.1</a>	<b>Owner/Operator Contact</b>		
		Name (first and last)	Title	
		Phone number	Email address	
	<a href="#">2.2</a>	<b>Owner/Operator Mailing Address</b>		
		Street or P.O. box		
		City or town	State	Zip code

**SECTION 3. CAFO LOCATION AND CONTACT INFORMATION (40 CFR 122.21(I)(1)(II AND III))**

CAFO Location and Contact Information	<a href="#">3.1</a>	<b>CAFO Location and Contact</b>		
		Name		
		Address (street, route number, or other specific identifier)	County	
		City or town	State	Zip code
		Facility contact name	Phone number	Email address
	<a href="#">3.2</a>	<b>Latitude/Longitude of Entrance to Production Area (see instructions)</b>		
		<b>Latitude</b>		<b>Longitude</b>

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CAFO Location and Contact Information Continued	<b>3.3</b>	<b>Integrator Name and Address</b>		
		Name		
		Street address		
		City or town	State	Zip code

**SECTION 4. CAFO TOPOGRAPHIC MAP (40 CFR 122.21(I)(1)(IV))**

CAFO Topographic Map	<b>4.1</b>	Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.)
		<input type="checkbox"/> Yes

**SECTION 5. CAFO CHARACTERISTICS (40 CFR 122.21(I)(1)(V IX))**

CAFO Characteristics	<b>5.1</b>	Provide information on the type and number of animals in the table below.					
		<b>Animal Type</b>	<b>Number in Open Confinement</b>	<b>Number Housed Under Roof</b>	<b>Animal Type</b>	<b>Number in Open Confinement</b>	<b>Number Housed Under Roof</b>
		<input type="checkbox"/> Mature dairy cows			<input type="checkbox"/> Sheep or lambs		
		<input type="checkbox"/> Dairy heifers			<input type="checkbox"/> Chickens (broilers)		
		<input type="checkbox"/> Veal calves			<input type="checkbox"/> Chickens (layers)		
		<input type="checkbox"/> Cattle (not dairy or veal calves)			<input type="checkbox"/> Ducks		
		<input type="checkbox"/> Swine (55 lbs. or more)			<input type="checkbox"/> Other (specify)		
		<input type="checkbox"/> Swine (under 55 lbs.)			<input type="checkbox"/> Other (specify)		
		<input type="checkbox"/> Horses			<input type="checkbox"/> Other (specify)		
		<input type="checkbox"/> Turkeys			<b>Total Animals</b>		
	<b>5.2</b>	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.					
		<b>Type of Containment and Storage</b>	<b>Total Number of Days</b>	<b>Total Capacity (specify gallons or tons)</b>	<b>Type of Containment and Storage</b>	<b>Total Number of Days</b>	<b>Total Capacity (specify gallons or tons)</b>
		<input type="checkbox"/> Anaerobic lagoon			<input type="checkbox"/> Belowground storage tanks		
		<input type="checkbox"/> Evaporation			<input type="checkbox"/> Roofed storage shed		
		<input type="checkbox"/> Aboveground storage tanks			<input type="checkbox"/> Concrete pad		
	<input type="checkbox"/> Storage pond			<input type="checkbox"/> Impervious soil pad			
	<input type="checkbox"/> Underfloor pit			<input type="checkbox"/> Other (specify)			
<b>5.3</b>	Indicate the total number of acres drained and collected in the containment and storage structure(s) reported under Item 5.2. _____ acres						

EPA Identification Number	NPDES Permit Number	Facility Name
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CAFO Characteristics Continued	<b>Manure, Litter, and/or Process Wastewater Production and Use</b>	
	<u>5.4</u>	How many tons of manure or litter and gallons of process wastewater are generated annually at the CAFO?
		Manure _____ tons
		Litter _____ tons
		Process wastewater _____ gallons
	<u>5.5</u>	Is manure, litter, and/or process wastewater generated at the CAFO land applied? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.8.
	<u>5.6</u>	How many acres of land under the control of the applicant are available for applying the CAFO's manure, litter, or process wastewater? _____ acres
	<u>5.7</u>	Check all land application best management practices that are being implemented. <input type="checkbox"/> Buffers <input type="checkbox"/> Infiltration field <input type="checkbox"/> Setbacks <input type="checkbox"/> Grass filter <input type="checkbox"/> Conservation tillage <input type="checkbox"/> Terrace <input type="checkbox"/> Constructed wetlands <input type="checkbox"/> Other (specify)
	<u>5.8</u>	Is manure, litter, and/or process wastewater transferred to any other persons? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.10.
	<u>5.9</u>	How many tons of manure or litter and gallons of process wastewater, produced by the CAFO, are transferred annually to other people? Manure _____ tons Litter _____ tons Process wastewater _____ gallons
<u>5.10</u>	Describe alternative use(s) of manure, litter, or process wastewater, if any.	

**SECTION 6. CAFO NUTRIENT MANAGEMENT PLANS (40 CFR 122.21(l)(1)(X))**

CAFO Nutrient Management Plans	<u>6.1</u>	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)? <b>Note:</b> A permit application is not complete until a nutrient management plan is submitted to the NPDES permitting authority. <input type="checkbox"/> Yes → SKIP to Item 6.3. <input type="checkbox"/> No
	<u>6.2</u>	Explain why a nutrient management plan is not attached to the application and your estimated date for submitting the NMP.
	<u>6.3</u>	Is a nutrient management plan being implemented at the CAFO? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>6.4</u>	What was the date of the last review or revision of the nutrient management plan?                      Date _____



EPA Identification Number

NPDES Permit Number

Facility Name

OMB No. 2040-0004  
Expires MM/DD/YYYY**SECTION 7. CAAP FACILITY CHARACTERISTICS (40 CFR 122.21(l)(2))**

CAAP Facility Characteristics

[7.1](#)

Is the CAAP facility located on land?

 Yes No → SKIP to Item 7.3.[7.2](#)

Provide the maximum daily and maximum average monthly discharge at CAAP by outfall.

Outfall Number	Discharge	
	Maximum Daily Discharge	Maximum 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.

Structure Type	Number of Each	Description	Receiving Water Name	Source of Intake Water
Ponds				
Raceways				
Net pens				Not applicable
Submerged cages				Not applicable
Similar structures (specify)				

[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).

Species	Cold Water Species		Warm Water Species		
	Harvestable Weight		Species	Harvestable Weight	
	Total Yearly	Maximum		Total Yearly	Maximum
	lbs.	lbs.		lbs.	lbs.
	lbs.	lbs.		lbs.	lbs.
	lbs.	lbs.		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 Feeding	Total Mass of Food Fed
	lbs.

EPA Identification Number

NPDES Permit Number

Facility Name

OMB No. 2040-0004  
Expires MM/DD/YYYY**SECTION 8. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(A) AND (D))**

Checklist and Certification Statement

[8.1](#)

In Column 1, below, mark the sections of Form 2B that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.

**Column 1****Column 2** Section 1: General Information w/ attachments Section 2: CAFO Owner/Operator Contact Information w/ attachments Section 3: CAFO Location and Contact Information w/ attachments Section 4: CAFO Topographic Map w/ topographic map w/ additional attachments Section 5: CAFO Characteristics w/ attachments Section 6: CAFO Nutrient Management Plans w/ nutrient management plan w/ attachments Section 7: CAAP Facility Characteristics w/ attachments Section 8: Checklist and Certification Statement w/ attachments[8.2](#)

Provide the following certification. (See instructions to determine the appropriate person to sign the application.)

**Certification Statement**

*I 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 there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

Name (print or type first and last name)

Official title

Signature

Date signed