



Standard Application Form for Agricultural Permit Modifications (for existing facilities)

Please Type or Print

All areas are required to be completed, if not applicable, write N/A

Section 1 - FACILITY INFORMATION

DATE FACILITY NUMBER ND
PERMIT NUMBER DATE ISSUED
FARM NAME COUNTY
SITE ADDRESS
PERMIT MODIFICATION REQUESTED
IS THIS AN UPDATED ANIMAL FACILITY MANAGEMENT PLAN? YES or NO
CONFINED ANIMAL MANURE MANAGER NAME AND NUMBER
(CAMM) IF NONE, TRAINING DATE

Section 2 - CONTACT INFORMATION

APPLICANT ADDRESS
PHONE NUMBER (WORK) (HOME) (CELL/BEEPER)
APPLICANT'S EMAIL ADDRESS
ARE YOU THE PROPERTY OWNER OF RECORD? YES or NO IF NO, PROVIDE INFORMATION BELOW:
PROPERTY OWNER OF RECORD ADDRESS
PHONE NUMBER (WORK) (HOME) (CELL/BEEPER)
OPERATOR'S NAME ADDRESS
PHONE NUMBER (WORK) (HOME) (CELL/BEEPER)
OPERATOR'S EMAIL ADDRESS
PLAN PREPARER TITLE/SC REGISTRATION NUMBER
ADDRESS
PHONE NUMBER (WORK) (FAX) (CELL/BEEPER)
PLAN PREPARER'S EMAIL ADDRESS

Section 3 - CERTIFICATION

I HEREBY CERTIFY THAT ALL OPERATIONS, MAINTENANCE AND ASSOCIATED ACTIVITY PERTAINING TO THIS SITE SHALL BE ACCOMPLISHED PURSUANT TO AND IN KEEPING WITH THE TERMS AND CONDITIONS OF THE APPROVED PLANS. I HAVE READ THIS APPLICATION AND AGREE TO THE REQUIREMENTS AND CONDITIONS THAT ARE CONTAINED WITHIN. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I HEREBY GRANT AUTHORIZATION TO THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL THE RIGHT OF ACCESS TO THE SITE AT ALL REASONABLE HOURS FOR THE PURPOSE OF SAMPLING AND ON SITE INSPECTIONS.

Printed Name /Owner or Leasee Signature/Owner or Leasee

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE DESIGN IS CONSISTENT WITH THE REQUIREMENTS OF TITLE 48, CHAPTER 1 OF THE 1987 SC CODE OF LAWS, AND PURSUANT REGULATION 61-43 AND APPROPRIATE NRCS STANDARDS.

Printed Name/Plan Preparer Signature/Plan Preparer

"Personal Information provided on this document is subject to public scrutiny or release."

## **APPLICATION INSTRUCTIONS - Agricultural Animal Facility Permit Modification**

### **Purpose:**

This form must be completed and submitted for DHEC approval for agricultural animal facility permit modifications.

### **Item-by-Item Instructions:**

#### **Section 1 - Facility Information.**

*Date:* Enter the date of application.

*Facility Number:* Leave blank if this is a new facility

*Permit Number:* Provide the permit number for the permitted facility. *Date Issued:* Provide the date on which DHEC issued the permit.

*Farm Name:* Give the name of the agricultural animal facility.

*County:* Give the county in which the facility is located.

*Site Address:* Give the site address to the facility.

*Permit Modification Requested:* Describe the modifications that you are proposing to make to the facility (such as increase in the number of animals, change in manure handling, add new waste utilization areas, etc...).

*Updated Management Plan:* Circle YES or NO to indicate whether this application also includes or is for an updated animal facility management plan.

*Confined Animal Manure Manager (Camm):* Has a representative for the farm operation completed the CAMM class conducted by Clemson Extension Service? If so, please include the name and CAMM number of the farm representative, but if not, include the date for the class that a representative has registered.

#### **Section 2 - Contact Information.**

*Permit Applicant:* Enter the name, address, phone numbers, and e-mail address for the person who is applying for the permit modification.

*Property Owner of Record:* Circle YES or NO to indicate whether the permit applicant is the property owner of record. Enter the name, address and phone number of the person who legally owns the property on which the agricultural animal facility is located.

*Operator:* Enter the name, address and phone number of the person who is responsible for the daily operation of the facility.

*Plan Preparer:* Enter the name of the plan preparer.

*Title/SC Registration Number:* Enter the title and SC registration number (if applicable) of the person responsible for the design of the Animal Facility Management plan.

*Address, Phone Number, E-mail:* Enter the business address, phone numbers, and e-mail address for the plan preparer.

**Section 3 – Certification.** For this section, please read the certification statements and have the appropriate person(s) sign the certification.

### **DHEC Processing Procedures:**

Two (2) copies of the submittal package are submitted to DHEC. After Permitting, DHEC files the original in the main project file, located in DHEC's central office. DHEC sends a copy of the approved package to the appropriate EA Regional Office.