

Nebraska Department of Environmental Quality  
 AGRICULTURE SECTION \* 1200 N STREET, SUITE 400 \* P.O. BOX 98922 \* LINCOLN, NE 68509-8922  
 TEL: (402)471-4239 \* FAX: (402) 471-2909 \* WEB SITE: [www.deq.state.ne.us](http://www.deq.state.ne.us)

Reserved for NDEQ Use only  
 IIS # \_\_\_\_\_

# FORM B – APPLICATION

- |  |   |
|--|---|
| <input type="checkbox"/> CONSTRUCTION & OPERATING PERMIT (\$200)<br><input type="checkbox"/> COVERAGE UNDER GENERAL NPDES PERMIT (\$200) | <input type="checkbox"/> INDIVIDUAL NPDES PERMIT (\$200)<br><input type="checkbox"/> NPDES PERMIT RENEWAL (\$200): _____<br><span style="font-size: small;">(Current NPDES Permit No.)</span> |
|--|---|

**MAJOR MODIFICATION:**

- |   |   |
|---|---|
| <input type="checkbox"/> CONSTRUCTION & OPERATING PERMIT OR APPLICATION (\$200)<br><input type="checkbox"/> OPERATING PERMIT OR APPLICATION (\$200) | <input type="checkbox"/> CONSTRUCTION APPROVAL OR APPLICATION (\$200)<br><input type="checkbox"/> NPDES PERMIT OR APPLICATION (\$200) |
|---|---|

PLEASE PRINT OR TYPE ALL INFORMATION  
 (If more space is required for any section, please attach separate sheet of paper)

**NAME OF APPLICANT:** *(See note below)* \_\_\_\_\_

Address of Applicant \_\_\_\_\_  
Street, Rural Route or P.O. Box
City
State
Zip

Tel. No(s). of Applicant (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Main Number
(Other – Cell, Fax, etc.)

**NOTE:** "Applicant" means the legal name of a corporation, limited liability company, partnership, government entity or individual to which the permit is to be issued, if approved.

**NAME OF ANIMAL FEEDING OPERATION:** \_\_\_\_\_  
(The name under which this 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  
¼      ¼      Section      Township      Range

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ N \_\_\_\_\_ E or W \_\_\_\_\_ County  
¼      ¼      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)*

\_\_\_\_\_  
Name
Title or Position

\_\_\_\_\_  
Mailing Address
City
State
Zip

Tel. No(s). of Authorized Representative (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Main Number
(Other – Cell, Fax, etc.)

**LIVESTOCK** *(Indicate capacity of entire operation.)*

Species <i>(Cattle, Dairy, Swine, etc.)</i>	Average Weight <i>(in lbs.)</i>	Indicate Head Numbers Below		
		Existing	Proposed (+ or -)	New Total

*\*For Major Modification, attach a description of the proposed modification. If increasing head numbers, indicate proposed numbers separate from existing.*

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

\_\_\_\_\_  
*Printed or Typed Name of Authorized Representative*

\_\_\_\_\_  
*Signature of 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

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## TECHNICAL ADVISOR INFORMATION

Name of Advisor \_\_\_\_\_

Company \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
*(Work) (Other: Cell, Fax, etc.)*

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

\_\_\_\_\_  
*Signature of Technical Advisor or Professional Engineer*

\_\_\_\_\_  
*Date of Signature*

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

*---For DEQ Office Use Only---*