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: http://deq.ne.gov/

RESERVED FOR NDEQ USE	
IIS #	

TITLE 130 - FORM B - PERMIT APPLICATION

NEW CONSTRUCTION & OPERAT	ring permit (\$200)	MODIFIED CONST	RUCTION & OPERATING	PERMIT OR APPLICA	TION (\$200)	
NEW NPDES GENERAL PERMIT O	COVERAGE (\$200)	MODIFIED NPDES	PERMIT COVERAGE:	GENERAL] INDIVIDUAL (\$200)	
NEW NPDES INDIVIDUAL PERMIT	(\$200)	RENEWAL OF NP	DES PERMIT COVERAGE	: GENERAL	individual (\$200)	
MODIFICATION TO EXISTING PE	ERMIT NOT LISTED ABOV	E: OPERATING	CONSTRUCTION AF	PPROVAL (\$200)		
		RINT OR TYPE ALL INFOR				
	(If more space is	required for any section,	attach separate sheet of	paper)		
LEGAL NAME OF APPLICAN	T:					
MAII INO ADDDEGO OF ADDI		ovea, the permit will	be issued in this nam	ie)		
MAILING ADDRESS OF APPI		ural Route or P.O. Bo	ox City	or Town	State Zip	
TEL. NO(S). OF APPLICANT	. ()		()			
TEE. NO(0). OF AFT LICANT	. () Main Nu	mber	(Othe	r – Cell, Home, etc	:.)	
EMAIL (optional):						
NAME OF ANIMAL FEEDING	OPERATION:					
		different from applicant na	ame above, the name by v	which the operation doe.	s business)	
ADDRESS OF OPERATION:	Street (9-1-1) Addres	ss of Operation	City or 7	Town S	State Zip	
LEGAL DESCRIPTION OF OF	, ,				,	
	N		V		County	
Qtr. Qtr. Section	Township Ra	nge			•	
,,,,,			V		County	
	•	-				
Latitude° (NOTE: Latitude and longitud	e should be for the ma	_" Longitude in entrance to the an	imal feeding operation	' n from the public ro	" ad.)	
NAME OF AUTHORIZED REP	PRESENTATIVE: (See	e Page 2 for definitio	n of Authorized Repre	esentative)		
Printed or Typ	ed Name		Title o	r Position		
Mailing Ad	dress	_	City or Towr	n Sta	te Zip	
TEL.: ()	() er (Other – 0	Em Cell, Home, Fax, etc.,	ail (optional))			
LIVESTOCK //palicate and time				and the second and the second and the second	mittin or 1	
LIVESTOCK (Indicate one-time	э сараслу от епште оре Г	ration, including any I	iivestock previously e	exemptea from pem	nitting.)	
Species	Average Weight	Indicate Head Numbers Below				
(Cattle, Dairy, Swine, etc.)	(in lbs.)	Existing	Proposed (+ or -)	Previously Exempted	New Total	
			()			

^{*}For Modification of permit or application: If increasing or decreasing head numbers, indicate the proposed change in head numbers separately from existing numbers. Attach a narrative description of the proposed modification(s).

NOTE: "Applicant" refers to the legal name of an individual, a corporation, a limited liability company, partnership, or government entity to whom the permit will be issued, if approved. If applicant is an individual, completion of a U.S. Citizenship Attestation form may be required, except when already on file with the Department. The 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 significant penalties exist for submitting false information, including the possibilities of a fine and imprisonment for knowing violations.

Printed or Typed Name of Applicant or Authorized Represer	ntative			
Signature of Applicant or Authorized Representative	Date of Signature			
"Authorized Representative" means, for: A Corporation: a principal executive officer in charge of the level of vice president; or A Limited Liability Company: a manager or principal of A Partnership: a general partner; or A Sole Proprietorship: the proprietor; or A Municipal, state or other public entity: a principal of	executive officer; or			
TECHNICAL ADVIS	SOR INFORMATION			
NAME OF CONSULTANT OR ADVISOR	TITLE OR CERTIFICATION:			
NAME OF COMPANY				
STREET ADDRESS CITY/STATE/ZIP				
CONSULTANT PHONE NO.: ()(Work)	() (Other: Cell, Home, Fax,etc.)			
Email:				
I certify that the design of the livestock waste control facility r "Livestock Waste Control Regulations," of the Nebraska Dep				
Seal of Professional Engineer (if required)	For DEQ Office Use Only			