REQUEST FOR WASTE MANAGEMENT PLAN (WMSP / CNMP)

PART I – CURRENT REGISTRANT INFORMATION									
Fill in all information in all sections									
Permit ALA #:	Expiration:								
Facility Name:									
Current Registrant's Name:									
Facility's Address:									
	Street								
GPS Coordinates of Facility:	City State	Zip Code							
	Example: 34°36′28″N 85°54′56″W or decimal format 34.607639; -85.9155	663 (Determine via google maps)							
	Plan (CNMP) is requested for SNOR/NOR renewal or facility connections on the property of the p								
PART II – OWNER CHANGE									
Check all that apply									
Waste Management Plan (CNMP) is being requested as part of the potential sale/purchase of the facility Buyer and Seller have executed a 'Transfer Agreement' <u>and</u> submitted the form to local SWCD office A 'Transfer Agreement' is required to be submitted to the local SWCD Office as part of the facility sale 1) 'Transfer Agreement' form can be submitted after the sale is completed. 2) Buyer will need to set up an account on ADEM's Web Portal to complete transfer requirements. 3) Sale of the facility does <u>not</u> automatically transfer facility's SNOR/NOR registration to Buyer!									
Date of Sale:	(estimated date if closing is not yet scheduled) (name of person the new C								
Buyer's Name: Buyer's Phone #:		being prepared for) (phone # of buyer / person new CNMP is being prepared for)							
PAF	RT III – FACILITY CONSTRUCTION and/or MODIFICA	TION							
Check all that apply and list applicable details									
No construction or modification of facility or operations has occurred since last registration (skip to back)									
Construction / Modification has occurred since last registration (list details below)									
Construction / Modification is planned after sale of facility (list details below) Details of facility construction and/or modification that has occurred or is planned to occur:									

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PART IV – FACILITIES and OPERATIONS										
Has Facility received any violations? No Yes (Provide copies of violation(s) to local SWCD office) Unknown										
Type of Registrant: Individual		Sole-Proprietorship Corporation								
Integrator:	Field Representative:									
Confinement / # Buildings:	Confinement Size:									
Type of Confinement Building / Area Type:										
Number of Birds per House:	Max # animals in previous 12 months:									
Total Facility Capacity:	Max # estimated in next 12 months:									
# of Clean-Outs Per Year:		Type of b	irds (circle):	breeder bro	oiler l	ayer	pullet			
How Mortalities are Handled (circle):	freezer o	composter	incinerato	Mature Wei	ght:		#pounds			
Grow-Out Time per Flock (circle):		Weeks	Months	Batches per Y	ear:					
Estimated tons of litter produced annually: (# of tons produced)										
Litter to be sold to "Certified Animal	(CAWV):	Yes	No							
% of waste/nutrients <i>spread on facility</i> farm <i>by Producer</i> :										
% of waste/nutrients <i>spread on facility</i> farm <i>by CAWV</i> :										
% of waste/nutrients <i>spread off farm by Producer</i> :										
% of waste/nutrients <i>sp</i>			%							
Last Date of Sail Tosts			ercentages mu							
	Last Date of Soil Test: Note: Soil tests are valid for three years Additional Information / Clarification Provided by Registrant:									
Additional information / Cialification Flovided by Registralit.										

ADEM Compliance Assistance Provided by:



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