

**OKLAHOMA DEPARTMENT OF AGRICULTURE,  
FOOD, AND FORESTRY**  
**Agricultural Environmental Management Services Division**  
P.O. Box 528804  
Oklahoma City, Oklahoma 73152  
(405) 522-5892

**Concentrated Swine Feeding Operation (CSFO)  
Pen Reconfiguration Form for Current Licensed Operations  
(Reconfiguration Not To Exceed Current Total Animal Unit Licensed Capacity)**

1. Applicant

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Corporate Contact \_\_\_\_\_  
Facility Contact \_\_\_\_\_

2. Facility

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Legal Description \_\_\_\_\_  
County \_\_\_\_\_

3. Facility State CSFO License Number: \_\_\_\_\_

4. Operator: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5. Current Number and Type of animals confined and maintained at the facility:

Type	# of Animals	Factor	Animal Units (AUs)
<input type="checkbox"/> Swine over 55 lbs	_____	× 0.4	_____
<input type="checkbox"/> Swine under 55 lbs	_____	× 0.1	_____
Total Animals	_____	Total Animal Units	_____

6. Proposed Number and Type of animals confined and maintained at the facility:

Type	# of Animals	Factor	Animal Units (AUs)
<input type="checkbox"/> Swine over 55 lbs	_____	× 0.4	_____
<input type="checkbox"/> Swine under 55 lbs	_____	× 0.1	_____
Total Animals	_____	Total Animal Units	_____

**Proposed Reconfiguration Cannot Exceed Current Total Animal Unit Licensed Capacity in #5**

**Licenses shall expire June 30<sup>th</sup>** of each year and may be renewed upon payment of the annual license and swine animal unit fees (if applicable) and continued compliance with the provisions of the Oklahoma Swine Feeding Operations Act and the rules and regulations of the Board.

- 7. In addition, please submit to the Agency the following information for review:
  - a) Cover letter clearing indicating what the proposed plan is for.
  - b) Detailed information regarding the dimensions, calculations water balance design info, etc., and any other information used to determine the sizing of the retention control structure (i.e., lagoon, pits, etc.) used to ensure appropriate capacity is maintained for the proposed activity.
  - c) Provide a complete updated copy of the Pollution Prevention Plan addressing each item found in the Oklahoma Swine Feeding Operations Act at Title 2, 20-9, 20-10 and 20-11 of the Oklahoma Statutes and Title 35:17-3-11 et.al, of the Swine Feeding Operation rules. This may include, but is not limited to, the following: a Swine Waste Management Plan (SWMP), an Odor Abatement Plan (OAP), a Pest Management Plan (PMP), a Carcass Disposal Plan (CDP), or any other applicable changes that accounts for the proposed reconfiguration.
- 8. If the reconfiguration of your operation will include construction activities (dirt work) and the cumulative soil disturbance is one acre or more, you are required to submit to ODAFF a Notice-of-Intent (NOI) application for storm water discharges associated with construction activities. To receive an Agriculture Pollutant Discharge Elimination System (AgPDES) Storm Water Discharge Construction General Permit, please complete the form found at <http://ag.ok.gov/aems/agpdesconstructionnoi.pdf>, include a \$316 fee payment, and submit the documents to the ODAFF AEMS Division.

For more information on the AgPDES Construction General Permit please review the fact sheet at <http://ag.ok.gov/aems/agpdesconstructionfaq.pdf>.

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Notarize the following statement: "I certify under penalty of law this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure qualified personnel properly gathered and evaluated 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 there are significant penalties for knowingly submitting false, inaccurate, or incomplete information, including the possibility of fines for each violation."

This application to be signed by the following: (A) Corporation: The Principle Executive Office, Vice President Minimum. (B) Partnership: A General Partner. (C) Sole Proprietorship: The Proprietor.

Name \_\_\_\_\_

*Type or print name and title*

Signature \_\_\_\_\_ Date signed \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Signature of notary public \_\_\_\_\_

My commission expires \_\_\_\_\_

Commission number \_\_\_\_\_

(SEAL)