

TRANSFER POULTRY FEEDING OPERATION (PFO) APPLICATION

(application must be submitted within 30 days after property sale)

| | |
|---|--|
| PFO ID # _____ Old Owner Name: _____ | Official Use Section – Rev Code 531 |
| 1. New Applicant / Owner Information (required) Check One: <input type="checkbox"/> Individual Owner(s) OR <input type="checkbox"/> Corporation / LLC / Business Ownership Name: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> First Name or Business Name Last Name </div> Mailing Address: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> Street City ST Zip </div> Phone#: _____ Email: _____ | |
| 2. New Farm Operator Information (if different from Owner) Name: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> First Name Last Name </div> Mailing Address: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> Street City ST Zip </div> Phone#: _____ Email: _____ | |
| 3. New Farm Operation Information (required) Name: _____ <div style="text-align: right; font-size: small;">Farm Name</div> Physical Location: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> Street Address or Cross-Streets City ST Zip </div> Phone#: _____ Email: _____ Legal Description to the Nearest 10 Acres _____ 1/4 _____ 1/4 _____ 1/4 Section: _____ Township: _____ Range: _____ County: _____ GPS Entrance Location to Farm: _____ <div style="text-align: right; font-size: small;">Latitude / Longitude (Lat/Long)</div> | |
| 4. Integrator Information (required) Name: _____ <div style="text-align: right; font-size: small;">Integrator Name</div> Mailing Location: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> Street Address or Cross-Streets City ST Zip </div> Phone#: _____ Email: _____ | |

5. Description of Farm Operations: (check one): **Export Only** **Land-Apply Only** **Both**
Current House Dimensions and Bird Capacity (as on file with the Department)

| # of Houses | Poultry House Dimensions (ft) | | | Bird Type (ex. Pullet, Broiler, Layer) | # Bird Capacity per House |
|-------------|-------------------------------|---|-------|---|---------------------------|
| | Length | X | Width | | |
| | Length | X | Width | | |
| | Length | X | Width | | |

If Construction or Expansion Is Planned Under New Ownership –

- Complete and include page 2 of the PFO Expansion Application form (available online) and,
- Complete an AgPDES Stormwater Construction Notice of Intent (NOI) if overall dirt disturbance for the construction covers more than one (1) acre. The NOI is available on our website at: www.ag.ok.gov → Divisions = Agricultural Environmental Management → AgPDES program → NOI

Routine Carcass Disposal Plan for Daily Operations

- Composting
- Incineration (depending on size, must have DEQ Air Permit)
- Land-fill (if selected, must submit letter of acknowledgement from land-fill facility)
- Rendering (if selected, must submit letter of acknowledgement from rendering facility)
- Other (please describe): _____

Emergency Carcass Disposal Plan for Deaths Significantly Higher than Normal

- Composting
- Incineration (depending on size, must have DEQ Air Permit)
- Land-fill (if selected, must submit letter of acknowledgement from land-fill facility)
- Rendering (if selected, must submit letter of acknowledgement from rendering facility)
- Other (please describe): _____

6. Checklist of Additional Documents Required with New Application Submission (no construction)

- A copy of the current approved Nutrient Management Plan meeting expansion plans or proof of application (Letter of Intent) to update your Nutrient Management Plan (NMP) to include the expansion details.
- A Statement of Ownership of the Farm Operation – please mark the applicable answer and provide necessary documentation
 - The applicant is a corporation – please provide the name and address of the corporation and the name and address of each officer and registered agent of the corporation. (please complete the Corporation Data Sheet in this packet)
 - The applicant is a partnership or other legal entity – please provide the name and address of each partner and stockholder with an ownership interest of 10% (ten percent) or more. (please see Corporation Data Sheet)
 - Not Applicable, the farm operation is owned by a person(s) not associated with partnership/business
- Environmental History, Records, and Awards – please mark the applicable answer and provide necessary documentation
 - An environmental history from the past three years of any poultry feeding operation established and operated by the applicant or any other operation with common ownership in this state or any other state.
 - Not Applicable
- Warranty Deed (Proof of Land Ownership)
- Notarized Lawful Presence Affidavit (in this packet)
- NMP Transfer Form (in this packet)
- Final Annual Litter Report from Previous Owner (copy available in this packet)

I certify under penalty of law this document was verified and updated under my direction to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for knowingly submitting false information.

SIGNATURE: _____ **DATE:** _____



Poultry Feeding Operation Nutrient Management Plan (NMP) Transfer Application

(For facilities **not** in the Eucha-Spavinaw watershed)

Submit this form and a color copy of the current NMP with your transfer application to AEMS.Poultry@ag.ok.gov.

Farm/Facility Name: _____ PFO ID#: _____

Farm Address: _____

Owner/Operator: _____

1. Please check the type of bird(s) listed in the current written NMP and those you plan to grow:

| NMP Listed Bird(s) Grown | Planned Growing |
|--|--|
| <input type="checkbox"/> Broiler <input type="checkbox"/> Layer <input type="checkbox"/> Pullet <input type="checkbox"/> Other: | <input type="checkbox"/> Broiler <input type="checkbox"/> Layer <input type="checkbox"/> Pullet <input type="checkbox"/> Other: |

2. Please list the number of houses, average number of birds per house and the overall total birds as listed in the current written NMP and the planned numbers with new ownership:

| | NMP Total Listed | Planned Total |
|-----------------------------|------------------|---------------|
| Number of Houses | # | # |
| Average #of Birds per House | # | # |
| TOTAL #Birds | # | # |

3. Have there been or will there be any new poultry houses or other operational related structures constructed not listed in the NMP? ----- Yes No

4. Have there been or will there be changes made to the handling and storage of generated waste as noted in the written NMP (i.e. addition of litter shed)? ----- Yes No

5. Have there been or will there be any changes made to the handling and storage of normal or catastrophic mortalities disposal as noted in the written NMP? ----- Yes No

6. Please check the type of litter operations as noted in the written NMP and your planned operations:

| NMP Listed Litter Process(es) | Planned Litter Process(es) |
|--|--|
| <input type="checkbox"/> Land Application to PFO Associated Lands <input type="checkbox"/> Transferred/Exported | <input type="checkbox"/> Land Application to PFO Associated Lands <input type="checkbox"/> Transferred/Exported |

I certify by signature below, operations will remain within the operational parameters of the written NMP provided and as outlined above.

Printed Name: _____ Title: _____

Signature: _____ Date Signed: _____

Note: Pages 5-6 are to be completed by the current/old registration holder.

Please note: If changes are planned with new ownership, a new NMP or letter of intent must be submitted.

OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD, AND FORESTRY (ODAFF)

AGRICULTURAL ENVIRONMENTAL MANAGEMENT SERVICES

P. O. Box 528804 Oklahoma City, Oklahoma 73152

Phone: (405) 522-5998 Email: AEMS.Poultry@ag.ok.gov

POULTRY FEEDING OPERATION (PFO) CLOSE OUT LITTER REPORT COVER SHEET

Owner Name: _____ ODAFF PFO Id: _____

Facility Name: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Telephone: () _____

Name of the Nutrient Limited Watershed where PFO is located: _____

1. This report covers the dates from: **July 1,** _____ **through (/ /)**

2. Please check if applicable: No litter sold, transferred or land applied for this reporting period

This report must be received before the transfer can be approved and include information from July 1, through the final date of ownership. If you did not sell, transfer, or land apply poultry waste during the listed period you are still required to check the "No litter sold, transferred or land applied" and return this page to the department.

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision by qualified personnel. Based upon my inquiry of the person or persons directly responsible for gathering the data, 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 knowingly submitting false, inaccurate, or incomplete information, including the possibility of a fine of not more than ten thousand dollars for each violation."

Signature: _____

Date: _____

Oklahoma Registered Poultry Feeding Operations Close Out Litter Report Form

AEMS141A

Owner/Facility Name: _____

Only report information for July 1, _____ through (_____/_____/_____)

ODAFF PFO Id: _____

PFO Annual Litter Sold, Transferred or Land Applied On Site

| Line Id ¹ | Date ² of Removal or Applied | Amount sold, transferred or land applied on site ³ (Tons) | Litter analysis Date ⁴ <u>Include a copy of analysis with report</u> | Information for litter applied on land associated with PFO | | | If litter removed off site (Sold or Transferred) | | | | | | |
|----------------------|---|--|--|--|--|---|--|---|---|--|----------------------------------|---|--|
| | | | | Total acres available for land application ⁵ | Applicator Name and License No. ⁶ | Mailing Address & Telephone No. ⁷ ("same" if PFO and applicator are the same) | Person or entity receiving litter ⁸ (If moved out of Oklahoma, only provide the State) | Person or entity receiving - Mailing Address & Telephone No. ⁹ | Applicator Name & License No. ¹⁰ | Applicator Mailing Address & Telephone No. ¹¹ | Litter Hauler Name ¹² | Litter Hauler - Mailing Address & Telephone No. ¹³ | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Instructions: Each line is a single entry. **Do not put "litter applied on PFO" and "litter removed off site" on the same line, these are treated as separate events and need to be reported as separate events. Use additional pages as necessary.** 1 – Line entry number 1, 2, 3. 2 - Date of the event. 3 – Enter the amount of litter land applied, sold or transferred. 4 – Provide the Litter analysis date for this entry and **include a copy of the litter analysis with this report.** (5-7 are for entries where litter is applied on land associated with PFO) 5 – How many acres are available for litter application. 6 – Enter applicator name and the PWA license number. 7 – Provide applicator mailing address and telephone number. (8-13 are for entries where litter is sold or transferred to another entity) 8 – Who is the entity receiving the litter. 9 – Provide recipient mailing address and telephone number 10 – If known, who the applicator is and their PWA license number. 11 – If known, applicator mailing address and telephone number 12 – Who was the person hauling the litter from your farm to the person receiving the litter 13 – what is the litter hauler telephone number and mailing address.

**OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD, AND FORESTRY (ODAFF)
AGRICULTURAL ENVIRONMENTAL MANAGEMENT SERVICES**

P. O. Box 528804 Oklahoma City, Oklahoma 73152
Phone: (405) 522-5998 Email: AEMS.Poultry@ag.ok.gov

CORPORATION DATA SHEET

Date of Organization: _____ State of Organization: _____

Principal office: _____

Principal Place of Business: _____

Mailing Address: _____

Registered Agent: _____

Registered Address: _____

Officers: _____

Tax Matters Member: _____

Tax Identification Number: _____

Annual Meeting Date: _____

| Name | Ownership | Membership Percentage |
|-------|-----------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |