



CONFINED FEEDING OPERATION REQUEST FOR EXITING THE PROGRAM

State Form 49827(R4 / 3-16)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Confined Feeding Section
Office of Land Quality
100 North Senate Avenue
MC 65-45, IGCN 1101
Indianapolis, Indiana 46204

INSTRUCTIONS: Complete all required sections, sign, date, and return this form to the address above. The Request For Exiting The Program Document needs to be submitted by the Owner/Operator.

| I. GENERAL INFORMATION | | | |
|---|------|----------------------------------|-----|
| Farm ID Number (Log Number): | (or) | Approval Number: | AW- |
| Date of Last Approval: (month, day, year) | | County of Operation: | |
| Owner/Operator Name (Name to which the Approval was issued) | | | |
| Name of Operation (if applicable): | | | |
| Mailing Address of Owner/Operator: | | | |
| Telephone Number (with area code): | () | Email Address: | |
| Location of Operation (nearest crossroads or mailing address): | | | |
| If any of the above information is unknown, contact IDEM at 317/232-4473. | | | |
| II. EXITING THE PROGRAM | | | |
| I am requesting to exit the Confined Feeding Operations (CFO) program because (check all that apply): | | | |
| <input type="checkbox"/> My operation currently meets the requirement as defined in 327 IAC 19-16-1(a)(1) and does not meet the definition of a confined feeding operation under the statute IC 13-11-2-40(1) and (3) which states: "Confined feeding operation", for purposes of IC 13-18-10, means: (1) any confined feeding of: (A) at least three hundred (300) cattle; (B) at least six hundred (600) swine or sheep; (C) at least thirty thousand (30,000) fowl; and (D) at least five hundred (500) horses; or (2) AFO electing to be subject to IC 13-18-10; or (3) any animal feeding operation that is causing a violation of: (A) water pollution control laws; (B) any rules of the water pollution control board; or (C) IC 13-18-10. | | | |
| <input type="checkbox"/> I no longer confine livestock at the above referenced facility. (327 IAC 19-16-3(a)(1)) <input type="checkbox"/> I have removed all manure stored in pits and/or lagoons at the above referenced facility. (327 IAC 19-16-3(a)(2)) | | | |
| By submitting this request for exiting the CFO program, I understand my request will be reviewed by IDEM staff and a Confined Feeding Compliance Inspector will visit my operation to confirm the declared status. | | | |
| If the farm no longer has animals, the manure must be properly removed from any lagoons, pits, or tanks prior to a compliance inspector visiting the operation. | | | |
| If I am approved to exit the program, I understand I will be removed from the list of approved operations and will not have to meet the requirements of my approval or submit a manure management plan to IDEM once every five (5) years. If I intend at some point in the future to increase the size of my operation above the animal numbers required in IC 13-18-10, I must seek a new approval prior to increasing the size of the operation. | | | |
| III. SIGNATURE | | | |
| I affirm that the information on this form is, to the best of my knowledge and belief, true, complete and accurate. I am aware of the penalties for knowingly submitting false information under IC 13-30-10-1.5. | | | |
| _____ Signature of Owner/Operator | | _____ Date (month, day, year) | |