



Standard Application Form for Agricultural Swine Facility Permit Renewals

Please Type or Print

All areas are required to be completed, if not applicable, write N/A

Section 1 – FACILITY INFORMATION

DATE _____ FACILITY PERMIT NUMBER ND _____

CONSTRUCTION PERMIT NUMBER _____ DATE ISSUED _____

FARM NAME _____ COUNTY _____

SITE ADDRESS _____

ARE YOU PROPOSING ANY MODIFICATIONS TO THE PERMIT? YES or NO

PROPOSED MODIFICATIONS _____

IS THIS FARM A CONTRACT GROWER FOR AN INTEGRATOR? YES or NO

NAME OF INTEGRATOR _____

NUMBER OF UNSATISFACTORY INSPECTIONS IN THE LAST 7 YEARS? _____

REASON(S) FOR UNSATISFACTORY RATING: _____

CORRECTIVE ACTION(S) TAKEN: _____

Section 2 – CONTACT INFORMATION

APPLICANT _____ CAMM #: _____

ADDRESS _____

PHONE NUMBER (WORK) _____ (HOME) _____ (CELL) _____

APPLICANT E-MAIL ADDRESS _____

ARE YOU THE PROPERTY OWNER OF RECORD? YES or NO IF NO, PROVIDE INFORMATION:

PROPERTY OWNER OF RECORD _____

ADDRESS _____

PHONE NUMBER (WORK) _____ (HOME) _____ (CELL) _____

OPERATOR'S NAME _____ CAMM #: _____

ADDRESS _____

PHONE NUMBER (WORK) _____ (HOME) _____ (CELL) _____

CERTIFIED CONFINED MANURE MANAGER NAME: _____ CAMM #: _____

IF NONE, PLANNED CLASS DATE _____

PLAN PREPARER _____

TITLE/SC REGISTRATION NUMBER _____

ADDRESS _____

PHONE NUMBER (WORK) _____ (FAX) _____ (CELL) _____

Section 3 - CERTIFICATION

I HEREBY CERTIFY THAT ALL OPERATIONS, MAINTENANCE AND ASSOCIATED ACTIVITY PERTAINING TO THIS SITE SHALL BE ACCOMPLISHED PURSUANT TO AND IN KEEPING WITH THE TERMS AND CONDITIONS OF THE APPROVED PLANS. I HAVE READ THIS APPLICATION AND AGREE TO THE REQUIREMENTS AND CONDITIONS THAT ARE CONTAINED WITHIN. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I HEREBY GRANT AUTHORIZATION TO THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL THE RIGHT OF ACCESS TO THE SITE AT ALL REASONABLE HOURS FOR THE PURPOSE OF SAMPLING AND ON SITE INSPECTIONS.

Printed Name /Owner or Leasee

Signature/Owner or Leasee

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE DESIGN IS CONSISTENT WITH THE REQUIREMENTS OF TITLE 48, CHAPTER 1 OF THE 1987 SC CODE OF LAWS, AND PURSUANT REGULATION 61-43 AND APPROPRIATE NRCS STANDARDS.

Printed Name/Plan Preparer

Signature/Plan Preparer

"Personal Information provided on this document is subject to public scrutiny or release."

APPLICATION INSTRUCTIONS - Agricultural Swine Facility Permit Renewal

Purpose:

This form must be completed and submitted for DHEC approval for agricultural swine facility permit renewals.

Item-by-Item Instructions:

Section 1 - Facility Information.

Date: Enter the date of application.

Facility Permit Number: Leave blank if you do not know your facility number, and it will be completed by the Department staff.

Construction Permit Number: Provide the permit number for the permitted facility.

Date Issued: Provide the date on which DHEC issued the permit.

Farm Name: Give the name of the agricultural swine facility.

County: Give the county in which the facility is located.

Community: Give the name of the community in which the facility is located.

Location: Give directions to the facility from the nearest town or state road.

Changes to the Permit: Indicate by circling YES or NO, if you are proposing any changes to the permit at the time of the permit renewal. If you are proposing to expand the facility, then form #3578, "Standard Application form for New or Expanding Large Agricultural Swine Facilities," must also be completed and submitted to the Department.

Proposed Modifications: Describe the modifications that you are proposing to make to the facility (such as increase in the number of animals, change in manure handling, add new waste utilization areas, etc.).

Integrator Information: Circle YES or NO to indicate whether this farm will be under contract with an integrator or integrating company. Provide the Name of the Integrator for this facility.

Compliance Record: Circle YES or NO to indicate whether this facility has received an unsatisfactory inspection rating since the permit was issued or the last permit renewal. Provide the reasons for the unsatisfactory inspection rating. Explain what corrective actions were taken to address the issue.

Section 2 - Contact Information.

Permit Applicant: Enter the name, address and phone numbers for the person who is applying for the permit renewal.

Property Owner of Record: Circle YES or NO to indicate whether the permit applicant is the property owner of record. Enter the name, address and phone number of the person who legally owns the property on which the agricultural swine facility is located.

Operator: Enter the name, address and phone number of the person who is responsible for the daily operation of the facility.

Confined Animal Manure Manager (Camm): Has a representative for the farm operation completed the Camm class conducted by Clemson Extension Service? If so, please include the name and Camm certification number of the farm representative. If not, include the date for the class that a representative has registered.

Plan Preparer: Enter the name of the plan preparer.

Title/SC Registration Number: Enter the title and SC registration number (if applicable) of the person responsible for the design of the Swine Facility Management plan.

Address, Phone Number: Enter the business address and phone numbers for the plan preparer.

NOTE: An updated Swine Facility Management Plan must be submitted with this application.

Section 3 – Certification. For this section, please read the certification statements and have the appropriate person(s) sign the certification. Retention Schedule #1647

DHEC Processing Procedures:

All submittal packages shall be submitted to DHEC through the ePermitting portal <https://scdhec.gov/environment/ePermitting>. After permitting, submitted files will be available on the facilities eSite.