

**State of North Carolina
Department of Environment and Natural Resources
Division of Water Resources**

Animal Waste Management Systems

Request for Certificate of Coverage

Facility Currently Covered by an Expiring State Non-Discharge General Permit

On September 30, 2014, the North Carolina State Non-Discharge General Permits for Animal Waste Management Systems will expire. As required by these permits, facilities that have been issued Certificates of Coverage to operate under these State Non-Discharge General Permits must apply for renewal at least 180 days prior to their expiration date. Therefore, all applications must be received by the Division of Water Resources by no later than **April 1, 2014**.

Please do not leave any question unanswered. Please verify all information and make any necessary corrections below.

Application must be signed and dated by the Permittee.

1. Facility Number: 820134 and Certificate of Coverage Number: AWS820134
2. Facility Name: College Fund Farm
3. Landowner's name (same as on the Waste Management Plan): Jerry Barnes
4. Landowner's mailing address: 4940 Highhouse Rd
City/State: Roseboro NC Zip: 28382
Telephone Number (include area code): (910)890-9729 E-mail: jbarnes@godwin.mfg.com
5. **Facility's physical address:** 4940 Highhouse Rd
City: Roseboro **State:** NC **Zip:** 28382
6. County where facility is located: Sampson
7. Farm Manager's name (If different than the Landowner):
8. Farm Manager's telephone number (include area code): _____
9. Integrator's name (if there is not an integrator write "None"): Murphy-Brown LLC
10. Operator in Charge (OIC) name: Jerry Barnes Telephone Number 910-5642386 # 910-990-7432
11. Lessee's name (if there is not a lessee write "None"): _____
12. Indicate animal operation type and number:

Swine

Wean to Finish
Wean to Feeder
Farrow to Finish
Feeder to Finish 3520
Farrow to Wean
Farrow to Feeder
Boar/Stud
Gilts
Other

Horses - Horses
Horses - Other

Cattle

Dairy Calf
Dairy Heifer
Milk Cow
Dry Cow
Beef Stocker Calf
Beef Feeder
Beef Brood Cow
Other

Sheep - Sheep
Sheep - Other

Dry Poultry

Non Laying Chickens
Laying Chickens
Turkeys
Other
Pullets
Turkey Poults

Wet Poultry

Non Laying Pullets
Layers

RECEIVED/DENR/DWR

APR 25 2014

Water Quality Regional
Operations Section

Mail one (1) copy of the most recent Waste Utilization Plan (WUP) along with the field maps for this facility with this completed and signed application as required by NC General Statutes 143-215.10C(d) to the address below. The WUP must be signed by the owner and a certified technical specialist.

As a second option to mailing paper copies of the application package, you can scan and email one signed copy of the application and the WUP to: animalpermits@ncdenr.gov

I attest that this application has been reviewed by me and is accurate and complete to the best of my knowledge. I understand that, if all required parts of this application are not completed and that if all required supporting information and attachments are not included, this application package will be returned to me as incomplete. **Note:** In accordance with NC General Statutes 143-215.6A and 143-215.6B, any person who knowingly makes any false statement, representation, or certification in any application may be subject to civil penalties up to \$25,000 per violation. (18 U.S.C. Section 1001 provides a punishment by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both for a similar offense.)

Printed Name of Signing Official (Landowner, or if multiple Landowners all landowners should sign. If Landowner is a corporation, signature should be by a principal executive officer of the corporation):

Name: Terry T. Barnes Title: Farm owner

Signature:  Date: 3-31-14

Name: _____ Title: _____

Signature: _____ Date: _____

Name: _____ Title: _____

Signature: _____ Date: _____

THE COMPLETED APPLICATION SHOULD BE SENT TO THE FOLLOWING ADDRESS:

NCDENR-DWR
Animal Feeding Operations Branch
1636 Mail Service Center
Raleigh, North Carolina 27699-1636

Telephone number: (919) 807-6464
E-mail: animalpermits@ncdenr.gov

Producer copy

North Carolina Cooperative Extension Service

NC STATE UNIVERSITY

College of Agriculture and Life Sciences

Farm Name: College Fund Farm

Facility No.: 82-134

Subject: Wettable acre/WUP Revision

Tech. Spec.: Danny Bailey

RECEIVED/DENR/DWR

APR 25 2014

Water Quality Regional
Operations Section

Enclosed is the following:

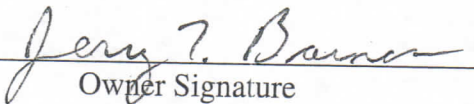
- (1) Revised WUP
- (2) Wettable acre map
- (3) Wettable acre calculations

1-13-04

Date

JAN 13-04

Date


Owner Signature

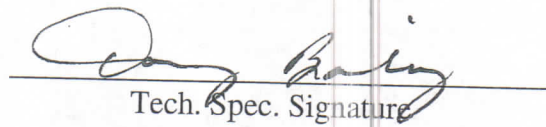

Tech. Spec. Signature

TABLE 1: ACRES OWNED BY PRODUCER

*
** LEASED 82-134 (YEAR 1 ROTATION)

TRACT	FIELD	SOIL TYPE & CLASS- DETERMINING PHASE	CROP CODE	YIELD	lbs AW N PER AC	COMB N PER AC	ACRES	lbs AW USED APPLIC. TIME
*	1S	Ra	CORN/ WHEAT	110/ 50	117.7/ 40		2.080	328
	2S	"	"	"	"		3.443	543
	3S	"	"	"	"		3.443	543
	4S	"	"	"	"		3.443	543
	5S	"	"	"	"		3.186	502
	6S	"	"	"	"		2.938	463
	7S	"	"	"	"		2.874	453
	8S	"	"	"	"		1.239	195
	1N	"	"	"	"		.964	152
							TOTAL	=====

NITROGEN RATE lbs./ACRE/YR

CORN 117.7

WHEAT 120

Soybeans 132

(SBDC)

TABLE 1: ACRES OWNED BY PRODUCER

*
*
LEASED

82-134

(YEAR 1 ROTATION)

ACT	FIELD	SOIL TYPE & CLASS- DETERMINING PHASE	CROP CODE	YIELD	lbs AW N PER AC	COMB N PER AC	ACRES	lbs AW USED APPLIC. TIME
	*							
	9s	Ra	WHEAT / SBDC	50 / 33	80 / 132		1.239	263
	10s	"	"	"	"		2.203	467
	11s	"	"	"	"		1.983	420
	12s	"	"	"	"		2.975	631
	13s	"	"	"	"		2.791	592
	14s	"	"	"	"		2.249	478
	15s	"	"	"	"		.827	175
	2N	"	"	"	"		.734	156
	3N	"	"	"	"		1.285	272
							TOTAL	

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WASTE UTILIZATION PLAN

P.3043

TABLE 1: ACRES OWNED BY PRODUCER

TRACT	FIELD	SOIL TYPE & CLASS- DETERMINING PHASE	CROP CODE	YIELD	LEASED 82-134		(YEAR 1 ROTATION)	
					LOS AW N PER AC	COMB N PER AC	ACRES	LOS AW USED ----- APPLIC. TIME
	*		WHEAT	50	80			
	4N	Ra	15BDC	33	132		1.193	253
	5N	"	"	"	"		2.548	540
	6N	"	"	"	"		1.207	256

<u>NITROGEN REQUIRED</u>	TOTAL	<u>8225</u>
<u>NITROGEN GENERATED</u>		<u>8096</u>
<u>BALANCE</u>		<u>-129</u>

TABLE 1: ACRES OWNED BY PRODUCER

LEASED

82-134

(YEAR 2 ROTATION)

FIELD	SOIL TYPE & CLASS- DETERMINING PHASE	CROP CODE	YIELD	lbs AW H PER AC	COM PER AC	ACRES	lbs AW USED
							APPLIC. TIME
* 1s	Ra	WHEAT / SBDC	50 / 33	80 / 132		2.080	441
2s	"	"	"	"		3.443	730
3s	"	"	"	"		3.443	730
4s	"	"	"	"		3.443	730
5s	"	"	"	"		3.186	675
6s	"	"	"	"		2.938	623
7s	"	"	"	"		2.874	609
8s	"	"	"	"		1.239	263
1N	"	"	"	"		.964	204
						TOTAL	=====

NITROGEN RATE lbs./ACRE/YEAR

CORN 117.7

WHEAT 120

SOYBEANS 132
(SBDC)

TABLE 1: ACRES OWNED BY PRODUCER

*
** LEASED

82-134 (ROTATION YEAR 2)

TRACT	FIELD	SOIL TYPE & CLASS- DETERMINING PHASE	CROP CODE	YIELD	LBS AW H PER AC	CORN H PER AC	ACRES	LBS AW USED APPLIC. TIME
	*							
	9S	Ra	CORN/ WHEAT	110/ 50	117.7/ 40		1.239	195
	10S	"	"	"	"		2.203	347
	11S	"	"	"	"		1.983	313
	12S	"	"	"	"		2.975	469
	13S	"	"	"	"		2.791	440
	14S	"	"	"	"		2.249	355
	15S	"	"	"	"		.827	130
	2N	"	"	"	"		.734	116
	3N	"	"	"	"		1.285	203
							TOTAL	

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WASTE UTILIZATION PLAN

p. 3 of 3

TABLE 1: ACRES OWNED BY PRODUCER

LEASED

82-134

(YEAR 2 ROTATION)

FIELD	SOIL TYPE & CLASS- DETERMINING PHASE	CROP CODE	YIELD	lbs AN N PER AC	CORN N PER AC	ACRES	lbs AN USED	APPLIC. TIME
4N	Ra	CORN/ WHEAT	110/ 50	117.7/ 40		1.193	188	
5N	"	"	"	"		2.548	402	
6N	"	"	"	"		1.207	190	

NITROGEN REQUIRED

TOTAL

8353

NITROGEN GENERATED

8096

Balance

-257

CERTIFIED ANIMAL WASTE MANAGEMENT PLAN
WETTABLE ACRES WORKSHEET

Farm Name: COLLEGE FUND FARM Facility Number: 82-134
Manager or Producer JERRY BARNES Phone # (910) 564-2386

Technical Specialist: DANNY BAILEY Phone # (910) 592 -

Facility Contact: JERRY BARNES Phone # (910) 564-2386

Mailing Address: 4940 High House Rd
Roseboro, N.C. 28382

Was farm sited for animals prior to 10/1/95: Yes ~~No~~
If No, date farm sited for animals: 1 / 1

Irrigation System Type
(Check all that apply)

<input type="checkbox"/> Stationary sprinkler with permanent pipe	<input type="checkbox"/> Center-pivot system
<input type="checkbox"/> Stationary sprinkler with portable pipe	<input type="checkbox"/> Linear-move system
<input type="checkbox"/> Stationary gun with permanent pipe	<input checked="" type="checkbox"/> Hose drag traveler
<input type="checkbox"/> Stationary gun with portable pipe	

Acres calculated should correspond to that shown in the Waste Utilization Plan and Form IRR-2.

To the best of my knowledge, this worksheet(s) and map(s) provides an accurate representation of the system used to irrigate the animal waste generated by this operation.

Jerry T. Barnes
Signature (Manager or Producer)

11/13/04
Date

CAWMP HARD-HOSE TRAVELER FIELD DATA SHEET *

1. Make and model number _____
2. Hose length and hose inside diameter (ID) 876 _____
3. Gun make and model number _____
4. Gun nozzle size .86 inch, / ring orifice, _____ taper bore orifice.
(May need to measure nozzle diameter.)
5. Hydrant spacing 160 feet. Indicate whether _____ uniform, _____ random.
Number of exterior hydrants _____. Number of interior hydrants _____.
6. Operating pressure at hose reel _____ psi.
_____ observed at working gauge, _____ provided by owner.
7. Gun wetted diameter 210 feet.
_____ measured, / based on gun chart.
8. Gun pressure 50 psi.
_____ observed at working gauge, _____ based on calculations (show calculations),
/ determined from gun charts.
- **9. Supply line size _____ inch (from pump to last hydrant).
- **10. Supply line length _____ feet (maximum pumping distance).
- **11. Supply line type _____ PVC, _____ aluminum.
- **12. Pump make and model number _____
- **13. Pump capacity, _____ gpm.
- **14. Engine make and model number _____, or
- **15. Electric motor horsepower and rpm _____ hp _____ rpm

Note: It is strongly recommended that operating pressure at the reel and gun wetted diameter be field determined.

- * Locate each hydrant on a copy of the map. Indicate the start and stop of the sprinkler cart for each travel lane and show distance traveled. Also indicate the normal arc angle of the gun for each pull through a field. Show the location of the supply line. Irrigated acres will be determined by travel lane
- ** Optional data, furnish where possible.

*** Information furnished by

Jerry T. Barnes
Signature of Owner or Facility Representative

Jerry T. Barnes
Printed Name of Owner or Facility Representative

and/or

Danny Bailey
Signature of Technical Specialist

DANNY BAILEY
Printed name of Technical Specialist

Date 1-13-04

Date JAN 13 - 04

*** Only the person or persons collecting the data should sign the data sheet.