

**- HOUSED COMMERCIAL SWINE FEEDING OPERATIONS -  
AIR PERMIT TO OPERATE APPLICATION**

**Permit Number** \_\_\_\_\_ **AIRS Number** \_\_\_\_\_

Company Name: \_\_\_\_\_  
 Farm Name: \_\_\_\_\_  
 Farm Location \_\_\_\_\_  
 Address: \_\_\_\_\_ County: \_\_\_\_\_  
 \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Legal Description: \_\_\_\_\_  
 Facility Owner: \_\_\_\_\_  
 Facility Operator: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Person to Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

Date the farm began operation: \_\_\_\_\_  
 If the farm/impoundment is NOT yet constructed:  
 What is the projected construction date? \_\_\_\_\_  
 What is the projected start-up date? \_\_\_\_\_

Are you aware of any odor complaint from a local resident within the last two years? \_\_\_\_\_

Please list a description of the modification\* requested to your Air Permit to Operate, i.e. addition of land application sites, addition of impoundment, change in animal numbers, etc.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* **Note:** If you are transferring the ownership of a permit or undergoing a company name change, you must also submit a HCSFO Permit to Operate Administrative Permit Amendment form.

Complete the following table (use an additional sheet as necessary):

Housing Unit ID	Type of Operation (finisher, nursery, etc.)	Barn Capacity (headcount)	Requested Capacity* (headcount)	Weight per animal (pounds)

\* If the requested capacity is less than the barn's physical capacity, then the facility will be required to track headcounts to demonstrate compliance with the requested headcount limits that will be set forth in the permit to operate.

**- HOUSED COMMERCIAL SWINE FEEDING OPERATIONS -**

2. Construction Plans: The following maps/diagrams shall be provided to the Environmental Agriculture Program (Ag Program).

- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | <input type="checkbox"/> | <input type="checkbox"/> |
| a. A location map that identifies all properties and facilities currently owned or utilized by the applicant in the State of Colorado.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A facility map for each farm, which identifies the following elements:   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Swine confinement structure(s).....   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Land applications areas.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| • All occupied dwellings, public and private schools, and incorporated municipalities located within one (1.0) mile of a land application site, swine confinement structure, and process wastewater impoundment.....    | <input type="checkbox"/> | <input type="checkbox"/> |
| • All private and/or community water supply wells located within one (1.0) mile of any process wastewater impoundment or land application area.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Any surface water features including any wetlands, streams, or reservoirs which are located within one (1.0) miles of any land application site, swine confinement structure, and process wastewater impoundment..... | <input type="checkbox"/> | <input type="checkbox"/> |
| • Any mortality burial site(s).....   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Site boundaries.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| • A map legend and scale.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A site layout map(s) for each farm, which identifies the following elements:   | <input type="checkbox"/> | <input type="checkbox"/> |
| • All swine confinement structure(s).....   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Sludge separation units and storage vessels.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Process wastewater treatment units and/or impoundments.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Mortality storage structures.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Process wastewater piping. This should include the following elements:  | <input type="checkbox"/> | <input type="checkbox"/> |
| o Directional flow arrows for each pipe.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| o Process wastewater flows in gallons per day for each first stage, loading pipe.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| o Valves.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Disinfectant storage units.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Truckwash area(s).....  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Pump houses.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| • A map legend and scale.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Construction diagrams for each process wastewater impoundment, which include the following elements:   | <input type="checkbox"/> | <input type="checkbox"/> |
| • A construction diagram with plan view of the impoundment complete with dimensions, inlet & outlet pipe locations and elevations, aerator locations, and pump locations.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| • In addition, side profile diagram(s) of the impoundment should be provided if the impoundment has a sloped or stepped bottom of the impoundment.....  | <input type="checkbox"/> | <input type="checkbox"/> |

Enclosed  
 Not Applicable

3. Impoundment design calculations:

- |  |                          |                          |
|--|--------------------------|--------------------------|
| <ul style="list-style-type: none"> <li>• <u>For each impoundment</u>: Submit a table showing volumes of effluent at varying impoundment depths, with those depths separated by two-foot increments.....</li> </ul>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> <li>• The applicant shall submit to the Ag Program a water balance calculation sheet for <u>each impoundment</u>. The calculations should show the lagoon water balances for evaporation, seepage, rainfall, sludge accumulation, and wastewater loaded/received to the impoundment.....</li> </ul> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> <li>• The applicant shall submit to the Ag Program a volatile solids (VS) loading rate calculation for <u>all impoundments</u>. Included the applicant shall include references for the VS production values (i.e. NRCS, MWPS, etc.).....</li> </ul>  | <input type="checkbox"/> | <input type="checkbox"/> |



**- HOUSED COMMERCIAL SWINE FEEDING OPERATIONS -**

**For Anaerobic Impoundments:**

Type of continuous cover: \_\_\_\_\_  
Thickness of cover: \_\_\_\_\_  
Date cover was installed: \_\_\_\_\_

For aerobic covers, alternative aerobic covers, or experimental covers: Please provide information concerning management practices and/or the technologies employed to maintain the cover and to capture, recover, incinerate or otherwise manage odorous gases. (Attach a separate page)

**For Aerobic Impoundments:**

Number of aerators in use: \_\_\_\_\_

Please provide information concerning the maintenance of the impoundment and the necessary technologies employed to maintain aerobic conditions. (Attach a separate page)

**Odor Control Equipment:**

Description: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model No.: \_\_\_\_\_

Serial No.: \_\_\_\_\_

Control Efficiency: \_\_\_\_\_ Percent

**Submit manufacture's recommended maintenance procedures for the operation of the control device.**

**5. Land Application Sites.**

*Complete the Land Application Sites Addendum on page 6 of this Application.*

**6. Odor Management Plan**

Has the operation previously filed a complete and accurate odor management plan (OMP) with the Ag Program, as specified in Regulation No. 2, Part B, Section VII? \_\_\_\_\_ Yes/No

The OMP must include the necessary technologies and work practices to minimize to the greatest extent practicable off-site odor emissions from all aspects of the operation, including at a minimum the mandatory requirements in Section Regulation No. 2, Part B, IX. The Air Pollution Control Division (APCD) will not issue a HCSFO air permit to operate until an OMP is reviewed and approved by the Ag Program.

**For permitted facilities:** For all physical or operational changes at the facility, the owner or operator must submit a revised Odor Management Plan (OMP), as specified in Regulation No. 2, Part B, Section VII. The APCD will not issue a permit modification until the revised OMP is reviewed and approved by the Ag Program.

**- HOUSED COMMERCIAL SWINE FEEDING OPERATIONS -**

7. Additional information.

Are there any incinerators at this operation? Yes/No

If "Yes", please list any associated air quality permit numbers or state that the applicant wishes to permit the incinerators under this application. In such event, the applicant shall submit the maximum design throughput of the unit in pounds per hour; the type of external fuel used; the make, model and serial number of the unit; the design hourly heat input of the external fuel; and the requested permit limit for the unit (in pounds of waste that will be incinerated or in hours of operation for the unit).

Please list any additional operational or physical odor controlling measures employed at the facility to minimize odor to the greatest extent practicable.

---

---

---

8. Certification:

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those individual immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

---

Signature of Operator<sup>1</sup> Date

---

Name (please print) Title

---

Signature of Owner<sup>2</sup> Date

---

Name (please print) Title

Application must have both original signatures to be processed. All application, reports, or information submitted to the Ag Program will be signed and certified: **1)** by a person legally authorized to act on behalf of the operator and, **2)** by a person legally authorized to act on behalf of the owner, including the following responsible officials:

- For a corporation: by a responsible corporate officer;
- For a partnership or sole proprietorship: by a general partner or the proprietor, respectively; or
- For a municipality, state, federal, or other public agency: by either a principle executive officer or ranking elected official. (Regulation No. 3, Part A, Section I.B.54.)

The application shall not be signed by a vendor or consultant.

**- HOUSED COMMERCIAL SWINE FEEDING OPERATIONS -**

---

**Check the box if you want:**

- To review a draft of the permit prior to issuance (Checking this box may result in increased processing time and associated permitting fees)

**Application Completeness:** The owner must complete **all items** of the application accurately and in their entirety or the Ag Program will deem the application incomplete and will not begin processing of the permit until all information is received. If you have questions on completing this application, you may contact the Ag Program at (303) 692-2135.

Submit the application to:

Environmental Agriculture Program  
Colorado Department of Public Health and Environment  
OEIS-EAP-B2  
4300 Cherry Creek Drive South  
Denver, Colorado 80246-1530

