



# Standard Application Form for Agricultural Permit Transfer of Ownership or Operation

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 \_\_\_\_\_  
A TRANSFER OF OWNERSHIP \_\_\_\_\_ OR A TRANSFER OF OPERATION BY LEASE AGREEMENT \_\_\_\_\_  
CONSTRUCTION PERMIT NUMBER \_\_\_\_\_ DATE ISSUED \_\_\_\_\_  
OLD FARM NAME \_\_\_\_\_ COUNTY \_\_\_\_\_  
SITE ADDRESS \_\_\_\_\_  
DATE OF TRANSFER \_\_\_\_\_ NAME OF INTEGRATOR \_\_\_\_\_  
CONFINED ANIMAL MANURE MANAGER NAME \_\_\_\_\_  
CAMM NUMBER \_\_\_\_\_ IF NONE, PLANNED CLASS DATE \_\_\_\_\_

## Section 2 – CONTACT INFORMATION

NEW FACILITY OWNER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER (WORK) \_\_\_\_\_ (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_  
NEW FACILITY OWNER'S EMAIL ADDRESS \_\_\_\_\_  
NEW FARM NAME \_\_\_\_\_  
ORIGINAL FACILITY OWNER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER (WORK) \_\_\_\_\_ (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_  
ORIGINAL FACILITY OWNER'S EMAIL ADDRESS \_\_\_\_\_  
NEW OPERATOR'S NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER (WORK) \_\_\_\_\_ (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_  
OPERATOR'S EMAIL ADDRESS \_\_\_\_\_

## Section 3 – MANURE MANAGEMENT

NUMBER OF ACRES TRANSFERRED/LEASED \_\_\_\_\_  
NUMBER OF HOUSES TRANSFERRED/LEASED \_\_\_\_\_  
ANY TREATMENT/STORAGE STRUCTURES TRANSFERRED/LEASED \_\_\_\_\_  
MANURE HANDLING:  DRY or  WET  
ARE YOU PLANNING TO LAND APPLY THE MANURE?  YES or  NO  
ARE YOU PURCHASING OR LEASING THE MANURE UTILIZATION AREAS?  YES or  NO  
HOW WILL MANURE PRODUCED AT THE FACILITY BE HANDLED? \_\_\_\_\_  
NEXT PROJECTED MANURE CLEAN-OUT DATE? \_\_\_\_\_  
ANY TEMPORARY MANURE HANDLING PLANS? \_\_\_\_\_  
ARE YOU UTILIZING CONTRACT DISPOSAL OF MANURE WITH BROKER?  YES or  NO  
NAME AND PERMIT NUMBER OF BROKER \_\_\_\_\_  
DAILY METHOD OF DEAD ANIMAL DISPOSAL \_\_\_\_\_  
EMERGENCY METHOD OF DEAD ANIMAL DISPOSAL \_\_\_\_\_

**Section 4 – ANIMAL TYPES & NUMBERS**

AVERAGE ANIMAL LIVE WEIGHT =  $\frac{\text{average exit weight} + \text{average entry weight}}{2} = \frac{(\quad) + (\quad)}{2} = \quad$  pounds

Type(s) of Animals	Maximum # of Animals (at any one time)	Normal Production Animal Live Weight (pounds)	Manure Produced (tons/yr or gal/yr)	Additional Scraped Solids or Compost (tons/yr)	Acres for Land Application

**Section 5 - 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 /New Owner or Leasee

\_\_\_\_\_  
Signature/New Owner or Leasee

I HEREBY CERTIFY THAT I AM TRANSFERRING OWNERSHIP OF THE ABOVE LISTED ACREAGE AND AGRICULTURAL BUILDINGS AND/OR MANURE TREATMENT/STORAGE STRUCTURES TO THE NEW FACILITY OWNER.

\_\_\_\_\_  
Printed Name/Original Facility Owner

\_\_\_\_\_  
Signature/Original Facility Owner

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

## D-2513 APPLICATION INSTRUCTIONS - Agricultural Animal Facility Permit Transfer of Ownership or Operation

### **Purpose:**

This form must be completed and submitted for DHEC approval for the transfer of ownership or operation of agricultural animal facilities

### **Item-by-Item Instructions:**

#### **Section 1 - Facility Information.**

*Date:* Enter the date of application.

*Facility Number:* Leave blank, the Department will provide the facility number.

*Transfer type:* Indicate whether this is an application for a transfer of ownership or for a transfer of operation by lease agreement.

*Permit Number:* Provide the permit number for the permitted facility. *Date Issued:* Provide the date on which DHEC issued the permit.

*Old Farm Name:* Give the name of the agricultural animal facility prior to transfer.

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

*Site Address:* Give directions to the facility from the nearest town or state road.

*Date of Transfer:* Enter the projected date of closing on the property/facility transfer of ownership or operation.

*Name of Integrator:* Enter the name of the integrating company the facility plans to grow for

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

#### **Section 2 - Contact Information.**

*New Facility Owner:* Enter the name, address, phone number, and email address of the new person who will legally own the property on which the agricultural animal facility is located.

*Previous Facility Owner:* Enter the name, address, phone number, and email address of the person from whom the facility is being purchased.

*New Operator:* Enter the name, address, phone number, and e-mail address for the new facility operator (if different).

*New Farm Name.* The name you intend on calling the farm once it's transferred to you.

#### **Section 3 – Manure Management.**

*Number of acres transferred/leased:* Enter the number of acres included in this transfer.

*Number of houses transferred/leased:* Enter the number of houses or animal barns included in this transfer.

*Treatment/Storage Structures transferred/leased:* Enter a description of any manure treatment or storage structures that are included in this transfer (if applicable).

*Manure Handling:* Circle DRY or WET to indicate the type of manure handling for this operation.

*Land Application:* Circle YES or NO to indicate whether the manure will be land applied.

*Manure Utilization Areas:* Circle YES or NO to indicate whether the manure utilization areas of fields that are in the current manure management plan for this facility are being purchased or leased.

*Manure Handling:* Indicate the method of manure handling proposed for this facility.

*Next Manure Clean-out Date:* Provide the estimated approximate date of the next manure clean out for this facility.

*Temporary Manure Handling:* If the method of manure handling proposed for this facility will not be submitted at this time, then provide the plan for handling the manure until the updated manure management plan can be submitted.

*Manure Broker:* Circle YES or NO to indicate whether a manure broker will be used for contract disposal of the manure from this facility and provide the name and permit number of the broker to be used (if applicable).

*Method of Dead Animal Disposal:* Identify the daily and emergency method of dead animal disposal planned for this facility.

#### **Section 4 – Animal Types & Numbers.**

*Average Animal Live Weight:* Calculate the average weight of one animal unit by taking the average exit weight plus the average entry weight and divide by two.

*Type of Animal Operation:* The animal type that is proposed to be grown at this facility (i.e. swine, dairy, turkey, poultry, etc....).

*Maximum # of Animals (at any one time):* The maximum number of animals at the facility at any one time.

*Normal Production Animal Live Weight (lbs):* The maximum number of animals at the facility at any one time multiplied by the average animal live weight of those animals.

*Total Manure Produced (tons/year or gal/year):* The amount of manure produced by the animals in the span of one year. This amount should be represented in tons per year for dry manure and in gallons per year for wet manure.

*Additional Scraped Solids or Compost:* Provide the amount of manure that will be scraped or handled separately from the primary treatment/storage method or any compost that is produced at the facility.

*Acres for Land Application:* The value here should be the number of acres available, that you are designating as manure utilization areas.

#### **Section 5 – 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.