

Application No. _____

COUNTY OF WORTH, MISSOURI
HEALTH PERMIT APPLICATION
FOR CONCENTRATED ANIMAL FEEDING OPERATIONS

Date _____

- 1. TYPE OF PERMIT SOUGHT:
 - New Application
 - Renewal (List Permit Number of Expiring Permit: # _____)

2. GENERAL INFORMATION

a. Applicant: _____
 Address: _____
 City-State-Zip: _____
 Phone: Home _____ Cell _____

b. Owner(if different): _____
 Address: _____
 City-State-Zip: _____
 Phone: Home _____ Cell _____

c. Operator (if different): _____
 Address: _____
 City-State-Zip _____
 Phone: Home _____ Cell _____

d. Facility Location: _____ Township _____ Range _____
 Section _____ County _____

e. Legal description of location (Attach as Exhibit "A")

f. Brief description of proposed or existing facility (attach addition pages if necessary as Exhibit " B")

3. FACILITY OPERATION INFORMATION

a. How many and what type of animals are present?

<u>Animal Type</u>	<u>No. of Animals</u>
Dairy Cattle	_____
Turkeys	_____
Beef Cattle	_____
Sheep and/or lambs	_____
Swine (over 55 lbs.)	_____
Swine (under 55 lbs)	_____
Chickens	_____
Horses	_____
Other	_____

b. Total Number of ANIMAL UNITS _____

(1 ANIMAL UNIT=1 beef feeder or slaughter animal, .5 horse, .7 dairy cow, 2.5 sine weighing over 55 pounds, 15 swine weighing under 55 pounds, 10 sheep, 30 laying hens, 55 turkeys, and 100 boiler chickens.)

c. Total acreage of facility: _____

d. Total CONTIGUOUS acreage of facility: _____

e. Concentrated animal Feeding Operation : Classification (or CAFO Classification)

Please check the capacity level that best describes your facility:

- ___ Class IA CAFO is one that has capacity of 7,000 or more Animal Units
- ___ Class IB CAFO is one that has a capacity of 3,000 to 6,9000 Animal Units
- ___ Class IC CAFO is one that has a capacity of 1,000 to 2,999 Animal Units
- ___ Class II CAFO is one that has a capacity of 300 to 999 Animal Units

4. FACILITY: LAND, SOIL, WATER, WASTE, TREATMENT METHODS AND LOCATION

a. Describe the animal waste disposal at your facility:

- | | |
|---|--|
| <input type="checkbox"/> Subsurface Injection | <input type="checkbox"/> Spraying |
| <input type="checkbox"/> Direct spreading in solid form | <input type="checkbox"/> Slotted Floor with lagoon or pit |
| <input type="checkbox"/> Single or multi-cell lagoon | <input type="checkbox"/> Land Application of liquid manure |
| <input type="checkbox"/> Contractor Disposal | <input type="checkbox"/> Aerated Lagoon |
| <input type="checkbox"/> Other _____ | |

(Attach addition pages if need, please type any addition pages as Exhibit "C")

b. Describe the soil type on the premises, including the soil-plant filter area (Attach a soils map, and addition information if necessary as Exhibit "D"):

Attach as part of Exhibit "D" data and calculations consistent with Appendix "A" to Ordinance No. 2011-2 (as amended) which demonstrate that the soils on the premises, including an soil-plant filter area, are suitable for and compatible -with the proposed Livestock Feedlot operations with respect to the location of Livestock Lagoons and th4e application of liquid, slurry or sold animal waste onto or into the soil on the premises.

c. Maximum natural slope of your facility's land (Attach a map of the slopes of the waste disposal area(s) using ten (10) foot contour intervals as Exhibit "E")

d. Distance from your facility to the nearest occupied dwelling(s) (in feet or miles)

Attach a map of the facility and all areas within the buffer distance described in Section 5 of ordinance No. 2011-2 (as amended) as Exhibit "F". Describe in Exhibit F the measures that will be taken to control and to monitor the concentration of gases at the property line pursuant to § 4.3 or Ordinance No. 2011-2 (as amended).

- e. Distance(s) from animal waste or animal waste water to the nearest well(s), sink hole(s), spring(s) or other water supply(s) (in feet or miles.) Please specify each distance separately:

Attach a map of the facility and the nearest wells, sink holes, springs or other water supplies as Exhibit "G". Describe in Exhibit G the measures that will be taken to protect the quality of surface or subsurface waters, water courses or other bodies of water shown in Exhibit G

- f. Distance(s) from animal waste or animal waste water to the nearest stream(s), intermittent streams(s), or strip pit(s) (in feet or miles.) Please specify each distance separately:

Attach a map of the facility and the animal waste or animal water and the nearest streams, intermittent streams or strip pits as Exhibit "H"

- g. Attach as Exhibit "I" a listing and description of any required local, state or federal permits, licenses or other approvals in addition to the County Health Permit. Attach a copy of any permits which have been issued by the Missouri Department of Natural Resources (DNR) for the pollution control devices to be installed.

5. SETBACKS

- a. Check the class that applies to your facility (See Section II):

Class I Class II Class III Class IV

Note: Distance must be measured from the nearest point of on CAFO'S confinement and waste containment system to the nearest point of another CAFO's confinement and waste containment system.

- b. Distance from your facility to the nearest Class I CAFO: _____
- c. Distance from your facility to the nearest Class II CAFO: _____
- d. Distance from your facility to the nearest Class III CAFO: _____
- e. Distance from your facility to the nearest Class IV CAFO: _____
- f. (Class I only) Distance from your facility to the nearest populated area (See section 5.3 of Ordinance No2011-2, (as amended): _____

List of Exhibits

Exhibit A: Legal Description of Location

Exhibit B: Description of Proposed or Existing Facility

Exhibit C: Method and location of animal waste disposal at your facility

Exhibit D: Soil type on the premises, including the soil-plant filter area

Exhibit E: Natural slope of your faculty's land

Exhibit F: Distance from your facility to the nearest occupied dwelling

Exhibit G: Distance(s) from animal waste or animal waste water to the nearest spring(s) or other water supply(S)

Exhibit H: Distance(s) from animal waste or animal waste water to the nearest stream(s), intermittent stream(s), or strip pit(s)

Exhibit I: Federal, state and local permits and permit requirements.

For office use only:

Recommendation of County Board of Health <input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> Approve with conditions (please attach)
Dates(s) of Public Hearing(s) _____ _____
Action of County Commission: <input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> Approve with conditions (please attach)

Application No. _____

COUNTY OF WORTH, MISSOURI
HEALTH PERMIT FOR CONCENTRATED ANIMAL FEEDING OPERATIONS

Date _____

THIS PERMIT MUST BE KEPT ON THE SITE

Applicant _____

Legal Description _____

Facility Location _____ Township _____ Range _____

Section _____ County _____

Type of Operation:

___ Dairy Cattle ___ Turkeys
___ Beef Cattle ___ Swine
___ Chickens ___ Horses
___ Other _____

Type and Number of Animals Permitted:

Animal Type	Number of Animals
Dairy Cattle	
Turkeys	
Beef Cattle	
Sheep and or Lambs	
Swine (over 55 pounds)	
Swine (under 55 pounds)	
Chickens	
Horses	
Other	

Application No. _____

Total Number of Animal Units (A,U.) Permitted _____

Total Acreage permitted: _____

Concentrated Animal Feeding Operation Classification of (or CAFO classification)

Class I Class II Class III Class IV

Approved method and location of animal waste disposal at facility:

- | | |
|---|--|
| <input type="checkbox"/> Subsurface Injection | <input type="checkbox"/> Spraying |
| <input type="checkbox"/> Direct spreading in solid form | <input type="checkbox"/> Slotted Floor with lagoon or pit |
| <input type="checkbox"/> Single or multi-cell lagoon | <input type="checkbox"/> Land Application of liquid manure |
| <input type="checkbox"/> Contractor Disposal | <input type="checkbox"/> Aerated Lagoon |
| <input type="checkbox"/> Other _____ | |

Approved Soil Type on the Premises (and soil-plant filter area):

Primary soil type _____ Soil-plant filter area type (if different) _____

Verified and approved assimilative capacities of primary soil type of facility:

Total Nitrogen ___ Phosphorus ___ Potassium ___ Chemical oxygen demand ___ Zinc ___
Copper ___ Nickel ___ Cadmium ___ Lead ___ Chromium ___ Water ___ Other _____

Application No. _____

Additional Conditions of Approval (attach additional pages 5 through____if necessary, or indicate “ No further conditions” below)

Application No. _____

Permit Issued By:

Presiding Commissioner,

East Commission

West Commissioner

County Clerk attest: