

DEPARTMENT OF ENVIRONMENTAL QUALITY
OFFICE OF POLLUTION CONTROL

REQUEST FOR INSPECTION OF SITE
FOR PROPOSED WASTEWATER TREATMENT FACILITY
ANIMAL WASTE

LOCATION

County _____ Section _____ Township _____ Range _____

Distance and direction from nearest town _____

PROJECT INFORMATION

Owner of facility _____

Mailing address _____

Phone Number _____

Operator of facility (if different from owner) _____

Engineer () Natural Resources Conservation Service () Other

Address* _____

Phone Number* _____

*If designed by NRCS, give field office address and phone number.

Type animals: () poultry () swine () dairy () beef

Waste management system will serve () new facility () existing facility

Waste management components: () anaerobic lagoon () aerobic lagoon
() storage pond () storage structure () land application

Buffer zones: List names of owners of property closer than 300 ft (150 ft dry waste poultry) from the proposed facility. _____

List names of owners of occupied dwellings closer than 1,000 ft (600 ft dry waste poultry) from the proposed facility. _____

Notarized letters of "no objections" from above listed persons () are attached () will be forwarded later.

Signature of Applicant _____ Date _____