

## APPENDIX V

### TEMPORARY CONCENTRATED ANIMAL FEEDING OPERATION APPLICATION ALL CLASSES

FEE: \$200.00

#### Applicant Information:

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Phone No(s): \_\_\_\_\_ (WORK) \_\_\_\_\_ (HOME) \_\_\_\_\_ (CELL)

#### Operation Information:

Name of Animal Feeding Operation: \_\_\_\_\_

Address of Operation: \_\_\_\_\_

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

Operation is: \_\_\_\_\_ Proposed \_\_\_\_\_ Existing/New Ownership \_\_\_\_\_ Expanding Existing

#### Livestock Information:

Types of animals: \_\_\_\_\_ Avg. Weight: \_\_\_\_\_

Number of animals: \_\_\_\_\_

#### **THE FOLLOWING MUST BE INCLUDED WITH CAFO APPLICATION**

- A. A full written plan must be submitted to the Zoning Administrator at least one (1) month in advance of the public hearing for public inspection.
- B. Manure management plan along with a list of the owner's names and legal descriptions contracted to do manure land spreading.
- C. Nutrient management plan.
- D. Management plan for manure and fly and odor control.
- E. Site plan (not to scale) with measurements/distance in order to meet setbacks.
- F. Maps of the proposed site with information on soils, shallow aquifers, designated wellhead protection areas, and 100-year floodplain designation.
- G. Waiver from distance signed and notarized for each resident living within the setback area. (When applicable)
- H. Any other information as contained in the application and requested by the Spink County Planning and Zoning Board.

**Applicant:**

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

Further, I certify that, under the laws of the State of South Dakota, I have the authority to sign on behalf of the animal feeding operation for which this form is being submitted.

**Owner's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

~~~~~**OFFICE USE ONLY**~~~~~

Inspected by \_\_\_\_\_

Date inspected \_\_\_\_\_

Planning and Zoning Commission Action \_\_\_\_\_

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

Conditions (if any) \_\_\_\_\_

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