

## Swine Mass Depopulation and Disposal Plan

Farm Name: \_\_\_\_\_ Premises ID: \_\_\_\_\_ Plan Date \_\_\_\_\_

Farm Owner: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: (If Different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Phone: \_\_\_\_\_

Points of Contact: Farm Manager: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Premises Staff #1: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Swine Production: \_\_\_\_\_

Swine Types	Boars	Sows	Market Hogs	Feeder Pigs	Piglets	Replacement Sows	Other
Number of Animals							
Average Wt. Per Pig							
Weight for Each Group							
Animal units (Total Wt./ 1000)							

### Depopulation Information:

AVMA Approved Depopulation Method (CO<sub>2</sub>, Captive Bolt, Foam?): \_\_\_\_\_

Who will perform depopulation: \_\_\_\_\_

Equipment needed:

Number of trained staff to operate all depopulation equipment per shift: \_\_\_\_\_

Estimated time to depopulate (days) \_\_\_\_\_

**Depopulation Information continued:**

If Foam method: Is Water Availability: \_\_\_\_\_ Water Source Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Who will transportation of water \_\_\_\_\_

If CO2 Method: CO2 Source: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Write the process how CO2 Depopulation will occur

**Type of Disposal methods to use:**

Composting  Shallow Trench Composting  Burial  Landfill  Incineration  Rendering

**Burial:** Are you familiar with all the State regulations/set back requirements for carcass burial Yes or No?

Has premises been approved by MO DNR for deep burial Yes or No?

If Yes, has locations of burial sites been identified for deep burial and approved by MO DNR: Yes or No?

How many acres are available to bury carcasses \_\_\_\_\_ (Maximum allowed is 10% of total acres owned).

How many swine carcasses can be buried per acre \_\_\_\_\_ (# of Carcasses or Animal Units)

Is there equipment available to dig holes for burial, move carcasses to the hole and bury carcasses: Yes or No  
If yes, what equipment is available

Who will perform carcass burial: Owner: Yes or No Or Contractor: Yes or No

Contact Person and Phone number: \_\_\_\_\_

**Notes and comments:**

**Premises Map (Attach a site-specific map (hand drawn or digital) that includes:**

- Property Line
- Environmental concerns: ponds, wells, streams, etc.
- Lines of separation (LOS)
- Perimeter Buffer Area (PBA)
- Clean/Dirty Line #1 for people and equipment entering and leaving.
- Clean/Dirty Line #2 for potential carbon material delivery
- Cleaning and Disinfectant station
- Depopulation area if outside
- Compost Sites if outside
- Possible Shallow Trench Compost Sites
- Possible Burial Sites
- Dumpster and Porta-potty location
- Parking for workers

**Affected on Farm materials to be managed:**

1. Animals:

Operation type	Boars	Sows	Market Hogs	Feeders
# of Animals				
Average weight of each size group				
Number of Animal units (total weight/ 1000)				

\*These are estimated weights: approximate the average weight

Total number of Animal Units \_\_\_\_\_ (sum of animal units for each production group)

2. Feed on site:

# of Feed Bins: \_\_\_\_\_ tons of feed/ bin \_\_\_\_\_

Total tons of feed on site: \_\_\_\_\_

3. Manure on site: \_\_\_\_\_ Cubic Yards or \_\_\_\_\_ weight (tons)

4. Used Litter on site: \_\_\_\_\_ Cubic Yards.

**Outdoor Composting or Shallow Trench Composting Disposal Methods:**

Land Available (acres)	Location: Onsite or Offsite:	Site approval by state (DNR or MDA) Yes, no, pending	Land Use ownership agreement (if necessary)

Site Accessible in all weather: Yes or No Soil Type: \_\_\_\_\_

Compost Water Availability: \_\_\_\_\_ Water Source Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone: \_\_\_\_\_ Transportation of water \_\_\_\_\_

**Notes and comments:**



**Carbon Feedstock Sources Contact Information:**

Source#1 Business name: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Type of carbon available: \_\_\_\_\_  
Volume available: \_\_\_\_\_ Number of Trucks available/day: \_\_\_\_\_

Source#2 Business name: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Type of carbon available: \_\_\_\_\_  
Volume available: \_\_\_\_\_ Number of Trucks available/day: \_\_\_\_\_

Source#3 Business name: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Type of carbon available: \_\_\_\_\_  
Volume available: \_\_\_\_\_ Number of Trucks available/day: \_\_\_\_\_

**On farm Equipment:**

Number of each type:

Skid steer (s) _____	Size: _____	Skilled operators: _____
Front end loaders: _____	Bucket capacity _____	Skilled operators: _____
Excavator: (Size) _____	Thumb or no thumb: _____	Skilled operators: _____
Mixer Wagons (TMR) _____	Size: _____	Skilled operators: _____
Compost turner: _____	Style: _____	Skilled operators: _____
Backhoe: _____	Size: _____	Skilled operators: _____
Other: _____		Skilled operators: _____

**Notes and comments:**

**Off Farm Equipment Sources:**

Source#1 Business name: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Equipment available:

Equipment Operators available:    Yes or    No

Source#2 Business name: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Equipment available:

Equipment Operators available:    Yes or    No

Source#3 Business name: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Equipment available:

Equipment Operators available:    Yes or    No

Compost Pile or Shallow Trench Composting (Shallow Burial with Carbon) Maintenance Equipment needs:

Final disposition of compost: on-site or off-site Where:

**Notes and comments:**

**Landfill Locations:**

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number \_\_\_\_\_

**Incineration Locations:**

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number \_\_\_\_\_

**Rendering Locations:**

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number \_\_\_\_\_

**Notes and comments:**



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