

Poultry Mass Depopulation and Disposal Plan

Farm Name: _____ Premises ID: _____ Plan Date _____

Farm Owner: _____ Address: _____

City: _____ State: _____ County: _____ Phone: _____

Mailing Address: (If different than above): _____

City: _____ State: _____ County: _____ Phone: _____

Points of Contact: Farm Manager Name: _____ Phone: _____

Premises Staff #1 Name: _____ Phone: _____

Type of Poultry Production: _____

Species	Layer	Broiler	Pullet	Turkey	Breeder: Chicken	Breeder: Turkey	Pheasant	Duck	Other
Number of Animals									
Average Weight Per Bird									
Weight for Each Group									
Animal units (Total Wt./1000)									

Depopulation Information:

AVMA Approved Method (CO₂, Water-Based Foam, other): _____

Who will perform depopulation: _____

Depopulation container: (Barn, Roll Off, Dump Truck, Dump-Trailer, etc.): _____

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

Estimated time to depopulate (days) _____

If using foam method: Water Availability: _____ Water Source Name: _____

Address: _____

Contact _____ Phone: _____ Transportation of water: _____

Water Available for Compost: _____ Water Source Name: _____

Address: _____

Contact: _____ Phone: _____ Transportation of water: _____

Who will construct Compost Windrow Construction: _____

Contractor: Yes No If Yes, Name: _____

Address: _____

Contact Name and Phone number: _____

Turning Method: _____ (skid steer, loader, tractor, windrow turner, other)

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	Hens	Roosters/Toms	Chicks/Poults	Other
# 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 per bin _____

Total tons of feed on site: _____

3. Manure on site: _____ Cubic Yards or Weight (tons)

4. Used Litter on Site: _____ Cubic Yards

Compost Operation: Inside Barns

Barn #1 inside barn dimensions: Length _____ X Width _____

Number of compost windrows: _____ Windrow length _____ Windrow width _____ Alley width _____

Barn #2 inside barn dimensions: Length _____ X Width _____

Number of compost windrows: _____ Windrow length _____ Windrow width _____ Alley width _____

Barn #3 inside barn dimensions: Length _____ X Width _____

Number of compost windrows: _____ Windrow length _____ Windrow width _____ Alley width _____

Barn #4 inside barn dimensions: Length _____ X Width _____

Number of compost windrows: _____ Windrow length _____ Windrow width _____ Alley width _____

Barn #5 inside barn dimensions: Length _____ X Width _____

Number of compost windrows: _____ Windrow length _____ Windrow width _____ Alley width _____

Barn #6 inside barn dimensions: Length _____ X Width _____

Number of compost windrows: _____ Windrow length _____ Windrow width _____ Alley width _____

Add additional barns dimensions (if applicable).

Compost Operation: Outside

Land Available (acres)	Location: Onsite or Offsite:	Site approval by state (DNR) 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: _____ Phone: _____ Transportation of Water: _____

Notes and Comments:

Determine the amount of each carbon type and field space needed:

- Base Material: Coarse Amount required: _____
- Core and cap material: Mixed to fine Amount required: _____
- Field Space Calculations:
 - Linear feet of windrow need: _____
 - Available field space - Length: _____ Width: _____
Acres _____ (43,560 sq ft/acre)
 - Anticipated Number: _____ (windrows)
 - Alley Spacing: _____ Number of Allies _____
- Compost Area Required: _____ (acres)
(Include a sketch of compost windrows layout below)

Sketch of Compost Windrows Layout:

Notes and Comments:

Carbon Feedstock Sources Contact Information:

Source #1 Business Name: _____
Contact: _____ Phone: _____
Address: _____ City: _____ Zip Code: _____
Email: _____
Type of carbon available: _____
Volume available: _____ Number of trucks available/day: _____

Source #2 Business Name: _____
Contact: _____ Phone: _____
Address: _____ City: _____ Zip Code: _____
Email: _____
Type of carbon available: _____
Volume available: _____ Number of trucks available/day: _____

Source #3 Business Name: _____
Contact: _____ 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: _____ Phone: _____
Address: _____ City: _____ Zip Code: _____
Email: _____
Equipment available: _____

Equipment Operators available: Yes or No

Source #2 Business Name: _____
Contact: _____ Phone: _____
Address: _____ City: _____ Zip Code: _____
Email: _____
Equipment available: _____

Equipment Operators available: Yes or No

Source #3 Business Name: _____
Contact: _____ 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 and Where:

Landfill Locations:

1. Name: _____
Address: _____
Contact: _____ Phone Number _____
2. Name: _____
Address: _____
Contact: _____ Phone Number _____

Incineration Locations:

1. Name: _____
Address: _____
Contact: _____ Phone Number: _____

2. Name: _____
Address: _____
Contact: _____ Phone Number: _____

Rendering Locations:

1. Name: _____
Address: _____
Contact: _____ Phone Number: _____

2. Name: _____
Address: _____
Contact Person: _____ Phone Number: _____

Notes and Comments: