

TITLE 130 - FORM A

REQUEST FOR INSPECTION OF ANIMAL FEEDING OPERATION

PLEASE PRINT OR TYPE

LEGAL NAME OF OWNER (Individual, partner, corporation, company, etc.): _____

NAME OF OPERATION: _____

ADDRESS OF OPERATION: _____
Street, Route No., etc City or Town State Zip

LEGAL DESCRIPTION OF OPERATION:

____ N E or W _____ County
Qtr. Qtr. Section Township Range

____ N E or W _____ County
Qtr. Qtr. Section Township Range

DIRECTIONS FROM NEAREST TOWN: _____

CONTACT PERSON INFORMATION:

NAME & TITLE: _____

MAILING ADDRESS: _____
Street, P.O. Box, Route No. etc City or Town State Zip

TEL. (____) _____ (____) _____ (____) _____
Work Home Other (Cell, Fax, etc.)

EMAIL (optional): _____

REASON FOR REQUESTING INSPECTION: Proposed New Operation Expansion of Existing Operation

Existing Operation (not inspected previously; major operational changes other than expansion, etc.) _____

Other (i.e., local or lender requirements, regulatory changes, previous discharge, etc.) _____

ANIMAL FEEDING OPERATION INFORMATION: (Attach additional sheets if more space is needed to list livestock types)

Type Of Livestock (i.e., feeder cattle, dairy, swine, nursery pigs, etc.)	Animal Capacity (maximum number of animals operation can hold at one time)

Open Lots? Yes No

Totally Housed Buildings? Yes No

Printed or Typed Name of Requester: _____

(Be sure to include appropriate inspection fee, or form will be returned. Send requests to above address.)

Signature of Requester: _____

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