**Odor Management Plan**

*Prepared For:*

**PLAN NAME (Operator or Business)**

**OPERATOR(S) NAME(S)**

**Site Address 1**

**Site Address 2**

**Phone Number**

**County/ Municipality:**

**Mailing Address (if Different from Site Address)**

*Prepared By:*

**Planner Name**

**OM Certification #**

**Address 1**

**Address 2**

**Phone Number**

**E-mail Address**

|  |  |  |
| --- | --- | --- |
| For Official Use Only | | |
| **Date of Plan Submission:** |  | |
| **Date of Plan Approval:** |  | |
| **Date(s) of Plan Updates (**not requiring SCC action**):** | |  |

**Table of Contents**

**PLAN NAME Odor Management Plan**

*\*Editorial Note: When The Plan is Completed, Delete This Note, Then Right Click On Page Numbers & “Update Field”*

[Planner and Operator Commitments & Responsibilities 1](#_Toc373997411)

[Plan Development Requirements 1](#_Toc373997412)

[Planner Signature & Agreement 1](#_Toc373997413)

[Operator Requirements 2](#_Toc373997414)

[Odor Management Plan Signature Requirements 2](#_Toc373997415)

[Operator Signature & Agreement 2](#_Toc373997416)

[Plan Summary 3](#_Toc373997417)

[A. Operation Summary (see Appendix 1 to view complete Operation Information) 3](#_Toc373997418)

[Proposed Facilities: 3](#_Toc373997419)

[B. Odor Site Index Summary (see Appendix 3 to view complete Index) 3](#_Toc373997420)

[C. Odor BMP Implementation, Operation & Maintenance Schedule 3](#_Toc373997421)

[Level I Odor BMPs Principles 3](#_Toc373997422)

[Level I Odor BMPs to be Implemented 4](#_Toc373997423)

[Level II Odor BMPs to be Implemented: 4](#_Toc373997424)

[D. Documentation Requirements 4](#_Toc373997425)

[Level I Odor BMP Documentation Requirements 5](#_Toc373997426)

[Level II Odor BMP Documentation Requirements 5](#_Toc373997427)

[Odor BMP Implementation Commitment Statement 6](#_Toc373997428)

[Odor Management Plan Name: 6](#_Toc373997429)

[Level I Odor BMPs Principles 6](#_Toc373997430)

[Odor Management Plan Requirements 6](#_Toc373997431)

[Level I Odor BMPs – Maintenance Log YEAR 7](#_Toc373997432)

[Level II Odor BMPs – Quarterly Observation Log YEAR 8](#_Toc373997433)

[LEVEL II ODOR BMP NAME: 8](#_Toc373997434)

[Appendix 1: Operation Information 9](#_Toc373997435)

[Part A: Odor Source Factors 9](#_Toc373997436)

[Existing Facilities Description: 9](#_Toc373997437)

[Proposed Regulated Facility (ies) Description: 9](#_Toc373997438)

[Part B: Site Land Use Factors 12](#_Toc373997439)

[Part C: Surrounding Area Land Use Factors 12](#_Toc373997440)

[Appendix 2: Operational Maps 13](#_Toc373997441)

[Topographic Map 13](#_Toc373997442)

[Site Map 13](#_Toc373997443)

[Appendix 3: Plan Evaluation – OSI 14](#_Toc373997444)

[Appendix 4: Biosecurity 15](#_Toc373997445)

[Biosecurity Protocol Contact Information 15](#_Toc373997446)

[Appendix 5: Supporting Documentation 16](#_Toc373997447)

# 

# Planner and Operator Commitments & Responsibilities

## Plan Development Requirements

This odor management plan (OMP) has been developed to meet the requirements of Pennsylvania’s Nutrient and Odor Management Act, Act 38 of 2005 (Act 38), for the State Conservation Commission’s (Commission) Odor Management Program for the following farm type(s): ***NOTE****: Select all check-boxes that apply.*

|  |
| --- |
| Pennsylvania Act 38 Concentrated Animal Operation (CAO) |
| Pennsylvania CAFO (Concentrated Animal Feeding Operation (CAFO) program |
| Odor Management Program Volunteer Animal Operation (VAO) |

## Planner Signature & Agreement

The planner’s signature below certifies that this plan wasdeveloped in conjunction with, and reviewed by the operator, prior to submitting it for review. The plan cannot be submitted until the operator understands and agrees with all the provisions of the plan. If the reviewer finds that the planner has not reviewed at least the Plan Summary with the farmer, then the plan reviewer is to relay that information to the certification program staff for their consideration.

The planner’s signature and below date(s) certifies that a site visit(s) was conducted **by an Act 38 Certified Odor Management Specialist** to verify the criteria within the evaluation distance area at the time of developing the plan, specifically for the odor source(s), for locating houses, churches, businesses and public use facilities within the evaluation distance, as well as for the site land use and the surrounding land use factors.

The information contained in this plan is accurate to the best of my knowledge. This plan has been developed in accordance with the criteria established for the Act 38 Odor Management Program indicated above. I affirm the foregoing to be true and correct, and make these statements subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Planner Name:* |  | | |  | *Certification number:* | |  |
| *Signature of Planner:* | |  | |  | *Date:* |  | |
| *Date(s) Evaluation Distance Area Site Visit Conducted:* | | |  | | | | |

**Odor Management Plan Name:**

## Operator Requirements

**Plan Implementation & Documentation:** Odor Management Plans developed under Act 38 are required to be implemented as approved in order to maintain compliance. Implementation includes: adherence to installation of listed Odor Best Management Practices (Odor BMPs) within implementation schedule timeframes and conditions; maintenance of the Odor BMPs consistent with the operation and maintenance schedule timeframes; conditions contained in this plan; and record keeping obligations of the program. Agricultural operations are also required to keep and maintain accurate records of the Odor BMPs consistent with the schedules and are required to allow the Commission access to those records in order to determine the compliance status.

**Post Construction Inspection:** Prior to utilizing a new or expanded animal housing facility or manure storage facility addressed in this plan, the operation must receive written approval from the Commission confirming implementation of the plan. **In order to obtain this written approval the operator, upon completion of construction activities, must inform the Commission in writing via certified mail of their desire to begin using the new or expanded regulated facilities**. At that time the Commission will send out a representative to assess and verify the implementation of the approved Odor Management Plan.

**Compliance Inspections:** Plans developed under this program also require agricultural operations to allow periodic access by the Commission for status review and complaint inspections, in order to determine the status of the operation's compliance and whether a plan amendment is required. Inspections will be scheduled at least annually. Agricultural operations will provide the operation's biosecurity contact and protocols to the Commission.

### ****Odor Management Plan Signature Requirements****

In accordance with §83.741(i), plans shall be signed by the *Operator/ Authorized Representative* of the agricultural operation indicating concurrence with the information in the plan and acceptance of responsibilities under the plan. The following signature requirements apply:

1. For sole proprietorships, the proprietor.
2. For partnerships, a general partner.

   (iii)   For corporations, a vice president or president. For any other authorized representative, the plan must contain an attachment, executed by the secretary of the corporation, which states that the person signing on behalf of the corporation is authorized to do so.

***NOTE****: When using a business name for the plan, the business name must be registered with the Pennsylvania Department of State.*

## Operator Signature & Agreement

In accordance with §§83.751 (content of plans) and 83.762 (operator commitment statement), the *Signature of Operator/ Authorized Representative* below certifies that I wasinvolved with the development of this plan, that the plan writer reviewed the plan with me, and that I am agreeable to the provisions outlined in this plan. All the information I provided in this odor management plan is accurate to the best of my knowledge and I will implement the practices and procedures outlined in the odor management plan in order to manage the potential for impacts from the offsite migration of odors associated with the operation for which this OMP is written.

Indicate business entity type: Sole Proprietor  Partnership/ LP/ LLP  Corporation/ LLC

|  |  |  |  |
| --- | --- | --- | --- |
| *Signature of Operator/ Authorized Representative:* |  | *Date:* |  |
| *Print Name of Operator/ Authorized Representative:* |  | | |
| *Title of Operator/ Authorized Representative:* |  | | |
| *Business Legal Name of the Operation:* |  | | |

Plan Summary

## Operation Summary (see Appendix 1 to view complete Operation Information)

### Proposed Facilities:

*Detail the Animal Type associated with the Proposed Facilities and that is consistent with the Animal Type detailed in the OSI. If animal numbers (AEUs) from existing facilities are voluntarily being added to the plan, detail the AEUs number; otherwise state “None”, “Zero (0)” or “Not Applicable”.*

***NOTE****: AEU calculations and AEUs per acre calculation must reflect those in the most current Act 38 NMP, otherwise explain the difference and submit the calculations in Appendix 5: Supporting Documentation.*

|  |  |  |
| --- | --- | --- |
| Proposed OSI Animal Type: |  | |
| Proposed Animal Numbers: |  | |
| Proposed AEUs *(per animal type)*: |  | |
| Voluntary Existing Animal Type: |  | |
| Voluntary Existing AEUs *(per animal type)*: |  | |
| **Total** AEUs Covered by this Plan: |  |
|  |  | |
| AEUs per acre for the operation: |  | |

Is there an approved Act 38 NMP for this operation? Yes  No

***NOTE****: If No, explain in Appendix 5: Supporting Documentation.*

## B. Odor Site Index Summary (see Appendix 3 to view complete Index)

***NOTE****: If multiple Geographic Centers are used, you must provide scores for each geographic center. Scores listed here must match the final scores in the OSI.*

|  |  |
| --- | --- |
| Score: |  |

## C. Odor BMP Implementation, Operation & Maintenance Schedule

### Level I Odor BMPs Principles

1. Steps taken to reduce dust and feed accumulation in pens, aisles, and on animals.
2. Manage ventilation to provide sufficient fresh airflow throughout the facility to keep animals and facility surfaces clean and dry.
3. Manage manure to minimize damp, exposed manure that contributes to odor generation.
4. Remove mortalities daily and manage appropriately.
5. Manage feed nutrients to animal nutrient requirements in order to avoid excess nutrient excretion.
6. Manage manure storage facility to reduce exposed surface area and off-site odor transfer.

***Definitions****:*

* **Required Odor BMPs**– In accordance with §§83.771, 83.781-83.783, Required Odor BMPs are the Odor BMPs required for implementation when there is a neighboring facility or a public use facility in the evaluation distance area, or when the OSI score is 50 or more points (Level I Odor BMPs), and when the OSI score is 100 or more points (Level II Odor BMPs).
* **Voluntary Odor BMPs** – The operator has voluntarily chosen to include Odor BMPs in the plan. Voluntary Odor BMPs must meet the same program standards that Required Odor BMPs do for implementation, operation, maintenance, and documentation.
* **Supplemental Odor BMPs** – In accordance with §83.781(e), Supplemental Odor BMPs are implemented in addition to the approved Odor BMPs in the plan and are also associated with plan updates.

***NOTE****: Odor BMPs must be relevant to the site specific factors and must be maintained for the lifetime of the regulated facility unless otherwise approved.*

### Level I Odor BMPs to be Implemented

*Select each check-box that applies; if more than one category applies, clearly detail the respective Level I Odor BMPs criteria with each respective category. Detail below all Level 1 Odor BMPs Principles, adapted from the PA Odor BMP Reference List, that are applicable to the site specific factors of this animal operation and the regulated facilities.*

**None Required**

**Voluntary** **Level I Odor BMP:**

**Required Level I Odor BMP:**

**Supplemental Level I Odor BMP:**

### Level II Odor BMPs to be Implemented:

*Select each check-box that applies; if more than one category applies, clearly detail the respective Level II Odor BMPs criteria with each respective category. Detail below all Level II Odor BMPs criteria addressing the following:*

1. *the general construction and implementation criteria*
2. *the corresponding timeframes of when each Odor BMP will be implemented*
3. *all operation and maintenance procedures for each Odor BMP along with the corresponding timeframes for carrying out those procedures*
4. *the lifespan of each Odor BMP.*

***NOTE****: NRCS Conservation Practice Standards and Job Sheets that are in existence for the Level II Odor BMP are encouraged to be used for construction, implementation, and operation and maintenance criteria.*

**None Required**

**Voluntary** **Level II Odor BMP:**

**Required Level II Odor BMP:**

**Supplemental Level II Odor BMP:**

## D. Documentation Requirements

*The following information will be documented by the Operator for each Odor BMP to ensure compliance with the plan. Documentation is needed to demonstrate implementation of the plan as well as for corrective actions taken for significant maintenance activities needed to return an Odor BMP back to normal operating parameters.*

### Level I Odor BMP Documentation Requirements

*Select each check-box that applies; if more than one category applies, clearly detail each documentation criterion.*

**None Required – (*NOTE****: Delete the Odor BMP Implementation Commitment Statement and the Level I Maintenance Log***)**

**Level I Odor BMPs – Odor BMP Implementation Commitment Statement Only**

*The Operator will annually complete the Odor BMP Implementation Commitment Statement.*

**Level I Odor BMPs Documentation Criteria:**

*The Operator will annually complete the Odor BMP Implementation Commitment Statement. The Operator will also complete the Level I Odor BMPs Maintenance Log upon any of the following occurrences:*



### Level II Odor BMP Documentation Requirements

*Select each check-box that applies; if more than one category applies, clearly detail each documentation criterion.*

**None Required – *(NOTE: Delete the Level II Quarterly Observation Log)***

**Level II Odor BMP Documentation Criteria:**

*The Operator will complete the Level II Odor BMPs Quarterly Observation Log, at least on a quarterly basis, detailing the proper implementation of the Odor BMPs as identified in the Implementation, Operation & Maintenance Schedule. The Operator will also complete the Level II Odor BMPs Quarterly Observation Log upon any of the following occurrences:*



# 

# Odor BMP Implementation Commitment Statement

*To be completed and signed annually by operators which have a neighboring facility or a public use facility in the evaluation distance area. This form is an attestment of the operator for the daily implementation of the Odor BMPs, and in accordance with §83.791, it is to be kept on site for at least 3 years.*

**(Copy This Page For Future Use)**

### Odor Management Plan Name**:**

## Level I Odor BMPs Principles

1. Steps were taken to reduce dust and feed accumulation in pens, aisles, and on animals.
2. Ventilation was managed to provide sufficient fresh airflow throughout the facility to keep animals and facility surfaces clean and dry.
3. Manure was managed to minimize damp, exposed manure that contributes to odor generation.
4. Mortalities were removed daily and managed appropriately.
5. Feed nutrients were matched to animal nutrient requirements to avoid excess nutrient excretion.
6. Manage manure storage to reduce exposed surface area and off-site odor transfer.

## Odor Management Plan Requirements

In accordance with §§83.762 operator commitment statement), 83.771 (managing odors), 83.781 – 83.783 (Odor BMPs and schedules), 83.791 – 83.792 (documentation requirements) and 83.802 (plan implementation), I affirm that all the information I provided in the odor management plan is accurate to the best of my knowledge.

In order to manage the potential for impacts from the offsite migration of odors associated with the operation, I affirm that I have implemented the specific practices and procedures detailed in the odor management plan Odor BMP Implementation, Operation & Maintenance Schedule (principles identified above) from DATE: to DATE: (CY/ FY, etc.).

I affirm the foregoing to be true and correct, and make these statements subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

*Signature of Operator: Date:*

*Name of Operator:*

*Title of Operator:*

## Level I Odor BMPs – Maintenance Log YEAR

*(****NOTE****: The operator will record occurrences of mechanically related maintenance activities or for any corrective actions taken.)*

**(Copy This Page For Future Use)**

|  |  |  |
| --- | --- | --- |
| ***List ODOR BMPs*** | ***DATE*** | ***NOTES*** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Level II Odor BMPs – Quarterly Observation Log YEAR

*(****NOTE****: The operator will record observations relating to 1) the implementation of each Level II Odor BMP at least on the first day (approximately) of each quarter of the year or in accordance with the Implementation, Operation & Maintenance Schedule, and 2,) for mechanically related maintenance activities, as soon as possible upon the observation that maintenance is needed, or upon* ***each******occurrence of any corrective actions taken.)***

**(Copy This Page For Future Use)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Select Quarter:*** | **1st Quarter (January)** | | | **2nd Quarter (April)** | **3rd Quarter (July)** | **4th Quarter (October)** |
| LEVEL II ODOR BMP NAME: | | | | | | |
| ***List ACTIVITIES*** | | ***DATE*** | ***NOTES*** | | | |
|  | |  |  | | | |
|  | |  |  | | | |
|  | |  |  | | | |
|  | |  |  | | | |
|  | |  |  | | | |
|  | |  |  | | | |
|  | |  |  | | | |
|  | |  |  | | | |

# Appendix 1: Operation Information

## Part A: Odor Source Factors

1. **Site Livestock History:**

*Detail the Maximum AEUs of Livestock on the site within the past 3 years.*

### Existing Facilities Description:

***NOTE****: If the facilities or animal information differ from the most current Nutrient Management Plan, detail the differences in Appendix 5: Supporting Documentation.*

***Definitions****:* Existing facilities are those animal housing facilities or manure storage facilities constructed before February 27, 2009, and are not subject to Odor Management program requirements.

1. **List the Existing Animal Types:**       **Existing Animal Numbers:**
2. **Existing Animal Equivalent Units (AEUs) per Animal Type:**
3. **Existing Animal Housing Facility(ies):**

*Describe all existing animal housing facilities including their dimensions, capacity and existing Odor BMPs used to address potential impacts.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Animal Housing Facility** | **Dimensions** | **Livestock Capacity** | **Existing Odor BMPs** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Existing Manure Storage Facility(ies) and Manure Handling Systems:** 
   1. *Describe all existing manure storage facilities and manure treatment technology facilities, including their dimensions, capacity and existing Odor BMPs used to address potential impacts.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Manure Storage Facility** | **Dimensions** | **Usable Capacity** | **Existing Odor BMPs** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* 1. *Provide a narrative description detailing the manure handling systems, including manure storage facilities, manure stacking areas, and manure treatment technology facilities.*

### Proposed Regulated Facility (ies) Description:

*Detail the information below, clearly indicating:*

*1) The animals that will be housed in the proposed animal housing facility (ies), which include expansions onto existing facilities;*

*2) The manure type (animal type detailed in the OSI ) that will be stored in the proposed storage facility and identifying the Act 38 Nutrient Management Program requirements that must be followed for the proposed manure storage facility(ies);*

*3) If Voluntary Existing Animal Numbers and AEUs or Transferred Existing AEUS do not apply, state “None”, “Zero (0)” or “Not Applicable” for that criterion.*

***NOTE****: The Animal Type associated with the Proposed Facilities must be consistent with the Animal Type detailed in the OSI.*

***NOTE****: If the proposed facilities, animal information, and AEU calculations differ from the most current Nutrient Management Plan (NMP), detail the differences in Appendix 5: Supporting Documentation.*

***Definitions****:*

* **Proposed AEUs** are the new additional AEUs associated with the proposed regulated animal housing facility (ies).
* **Voluntary Existing AEUs** are the AEUs associated with the existing animal housing facility (ies).
* **Proposed AEUs** and **Voluntary Existing AEUs** are used for determining the Odor Site Index evaluation distance area.
* **Transferred Existing AEUs** are existing AEUs on the site that will be transferred into the animal housing facility being evaluated.
* **Total AEUs** are used for determining significant change of the regulated facility (ies); a significant change will require an amendment to the plan.  A significant change is defined as a net increase of equal to or greater than 25% in AEUs, as measured from the time of the initial plan approval.

1. **(a) Proposed Facility OSI Animal Types:**

**Proposed Animal Numbers per animal type:**      

**Proposed AEUs per animal type:**

**(b) Voluntary Existing Animal Types:**

**Voluntary** **Existing Animal Numbers:**

**Voluntary Existing AEUs per animal type:**

**(c) Total AEUs Covered by this Plan**:

**(d) Acres for the operation associated with an approved Act 38 NMP or acres utilized for the CAO calculation:**

**(e) Total AEUs/ Acre for the operation:**

***NOTE****: The AEUs per acre calculation is only used to verify CAO status. AEUs per acre calculation must reflect the calculations in the most current NMP, otherwise explain the difference and submit the calculations in Appendix 5: Supporting Documentation.*

**(f) Transferred Existing Animal Types:**   Check only when Applicable

***NOTE:*** *Detail the following information in Appendix 5: Supporting Documentation when 0 “Proposed AUEs” are proposed due to transferring existing animals on the site into the animal housing facility being evaluated:*

*1) The OSI Animal Type associated with the Proposed Facilities,*

*2) The numbers of animals transferred, and   
3) The AEUs. This information will be used for determining a significant change which will require an amendment to the plan.*

1. **Proposed new or expanded animal housing facility(ies):**

*Detail all proposed animal housing facilities, or portions thereof, including their dimensions and livestock capacity.*

***NOTE****: If the proposed facilities differ from the most current NMP, detail the differences in Appendix 5: Supporting Documentation.*

|  |  |  |
| --- | --- | --- |
| **Animal Housing Facility**  None Proposed | **Dimensions** | **Livestock Capacity** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Proposed new or expanded manure storage facility(ies):**

***NOTE****: If the proposed facilities differ from the most current NMP, detail the differences in Appendix 5: Supporting Documentation.*

1. *Provide a narrative description detailing all manure handling systems (including all manure storage facilities, manure stacking areas, and manure treatment technology facilities) after the addition of the proposed facilities.*

1. *Detail all proposed manure storage facilities, manure stacking areas, and manure treatment technology facilities.*

***NOTE****: If a waiver is required, it must be attached in Appendix 5: Supporting Documentation for the plan to be administratively complete.*

|  |  |  |
| --- | --- | --- |
| **Manure Storage Facility**  None Proposed | **Dimensions** | **Usable Capacity** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Act 38 NM Program Setback Requirements Verification**

***NOTE****:* *When manure storage facilities are proposed, N/A cannot be detailed for both c & d*

1. **Existing Operations**  Not Applicable.

*Select all check-boxes that apply for Existing Operations proposing manure storage facilities.*

In accordance with planning provisions of the Commission’s Nutrient Management Program regulations, the proposed manure storage(s) is part of an existing operation (operation that produced livestock or poultry on or before October 1, 1997) and will be located having a minimum setback distance of the following:

* + 1. 100’ minimum setback distance (in accordance with **§83.351(a)(2)(v)(A)-(E)**)from wetlands, water bodies and wells (public and private). Yes  Not Applicable
    2. 100’ minimum setback distance (in accordance with **§83.351(a)(2)(v)(F)**)a from the property line; otherwise an executed Manure Storage Setback Waiver from the Neighboring Landowner, must be attached. Yes  Not Applicable
    3. 200’ minimum setback distance (in accordance with **§83.351(a)(2)(v)(G)**) from wetlands, water bodies and wells (public and private) for a manure storage facility of 1.5 million gallons or larger capacity or that is located on slopes exceeding 8%. Yes  Not Applicable
    4. 200’ minimum setback distance (in accordance with **§83.351(a)(2)(v)(H)**) from the property line for a manure storage facility of 1.5 million gallons or larger capacity or that is located on slopes exceeding 8% and the slope is toward the property line; otherwise an executed Manure Storage Setback Waiver from the Neighboring Landowner, must be attached. Yes  Not Applicable

1. **New Operations/ New Animal Enterprises**  Not Applicable.

*Select all check-boxes that apply for New Operations/ New Animal Enterprises proposing manure storage facilities.*

If the proposed manure storage(s) is part of a new operation (operation that produced livestock or poultry after October 1, 1997), or a new animal enterprise (an existing operation that expanded after October 1, 1997, via producing different livestock or poultry than what was previously produced – see NM Tech Manual, Section III) and in accordance with planning provisions of the Commission’s Nutrient Management Program regulations the proposed storage will be located having a minimum setback distance of the following:

* + 1. 100’ minimum setback distance (in accordance with **§83.351(a)(2)(vi)(A)-(E))** f from wetlands, water bodies and wells (public and private). Yes  Not Applicable
    2. 200’ minimum setback distance (in accordance with **§83.351(a)(2)(v)(F))** from the property line; otherwise an executed Manure Storage Setback Waiver from the Neighboring Landowner, must be attached. Yes  Not Applicable
    3. 200’ minimum setback distance (in accordance with **§83.351(a)(2)(v)(G)**) from wetlands, water bodies and wells (public and private) for a manure storage facility of 1.5 million gallons or larger capacity or that is located on slopes exceeding 8%. Yes  Not Applicable
    4. 300’ minimum setback distance (in accordance with **§83.351(a)(2)(v)(H)**) from the property line for a manure storage facility of 1.5 million gallons or larger capacity or that is located on slopes exceeding 8% and the slope is toward the property line ; otherwise an executed Manure Storage Setback Waiver from the Neighboring Landowner, must be attached. Yes  Not Applicable

1. **Construction activities of the proposed regulated facilities:**

***NOTE****: Construction activities must be started within 3 years of the plan approval date.*

* 1. *Detail the proposed construction sequence timeframes for each proposed regulated facility (or portions thereof)*
  2. *Have construction activities started on any of the proposed regulated facilities?* Yes  No *If yes, please detail:*

## Part B: Site Land Use Factors

*1) Select the applicable check-box below for each special agricultural land use designation, and*

*2) Provide written verification in Appendix 5: Supporting Documentation for each agricultural land use designation claimed.*

***NOTE****: Documentation verifying each claimed land use must be attached for the plan to be administratively complete.*

Agricultural land use designations applicable to the site being evaluated:

1. Agricultural Security Area Yes / No
2. Agricultural Zoning Yes / No
3. Preserved Farm Yes / No

## Part C: Surrounding Area Land Use Factors

***NOTE****: Detail applicable criteria for 1 and 2 on the Operational Map in Appendix 2.*

1. Other Livestock Operations (> 8 AEUs) within the evaluation distance area Yes / No

*If yes, then list the type of operation, the direction (N, S, E, W) and quadrant (distance range from the facility)*.

1. Distance to nearest property line measurement:

***NOTE****: Measured from nearest corner of the proposed animal housing facility and/or manure storage facility to the property line. Measurements must also be detailed on the Operational Map in Appendix 2.*

* + - * 1. Animal Housing Facility measurement      (ft.)  Not Applicable
        2. Manure Storage Facility measurement      (ft.)  Not Applicable

1. If nearest property (from the nearest property line measurements indicated in “2” above) is less than 300’, is this neighboring property a Preserved Farm? Yes / No

***NOTE:*** *Documentation verifying this claimed status must be attached for the plan to be administratively complete.*

1. *If “Yes” is indicated, detail the name and address in Appendix 5: Supporting Documentation of the nearest neighboring property owner who has a Preserved Farm.*

# Appendix 2: Operational Maps

## Topographic Map

Odor Management Plans must include a topographic map drawn to scale with a map legend, identifying:

* Operation boundaries;
* Location of existing and proposed animal housing and manure storage facilities on the operation;
* Location of operation-related neighboring facilities;
* Location of neighboring facilities (normally occupied homes, active businesses and churches) and public use facilities within the evaluation distance area;
* Local topography (as indicated by the topographic lines);
* Geographic center with concentric circles drawn at 600’ intervals for the entire evaluation distance area;
* Identification of the various map quadrants to include North, South, East and West;
* Distance to nearest property line from the nearest facility;
* Road names within the evaluation distance area; and
* All neighboring facilities and public use facilities that are being given credit for the Intervening Topography and Vegetation Factor.

In order to distinguish the following criteria from the other neighboring facilities and public use facilities, the Operational Map and the associated map legend must have separate symbols detailing the following:

* All operation-related neighboring facilities, and
* All neighboring facilities and public use facilities which are being given credit for the Intervening Topography and Vegetation Factor.

***NOTE****: The scale chosen must be reasonable and practical for use in evaluating the OMP. For example:*

* *A scale of 1” = 600’ is an example of a scale that is reasonable for use in determining evaluation distances, setbacks, etc., but may not be practical for larger evaluation distance areas for fitting the map on one 8 ½’ x 11’ sheet of paper.*
* *A scale of 1.37” = 267.5’ is an example of a scale that may be practical for fitting on one 8 ½’ x 11’ sheet of paper, but in a scale that is not reasonable or very useful.*
* *Maps need to be to a scale that shows sufficient detail to be reasonable and useful. Planners are encouraged to use a scale that can be divided evenly by, or into, 600’ by a round whole number*
* *Multiple maps are encouraged to be provided for the purpose of facilitating specific details, i.e. aerial maps, etc.*

## Site Map

The purpose of the site map is to facilitate the plan review process of identifying specific details about the operation being evaluated. Odor Management Plans must include a site map of the operational related facilities drawn to scale with a map legend, identifying at a minimum the following:

* Operation boundaries;
* Location of existing and proposed animal housing and manure storage facilities on the operation;
* Geographic center with concentric circles drawn at 600’ intervals; and
* Distance to nearest property line from the nearest facility

If there are multiple facilities on the site, detail the name of each of the facilities as per what the operator refers to them as, i.e. Layer #1 – Layer #5, mortality composting facility, etc.

If the evaluation distance area is small enough, i.e. a 1200’ evaluation distance area, to clearly identify the specific details required, then a separate map will not be required.

# Appendix 3: Plan Evaluation – OSI

# Appendix 4: Biosecurity

### Biosecurity Protocol Contact Information

*Detail the point of contact for information on this operation’s biosecurity protocols:*

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Phone: |  |
| E-mail: |  | Relationship: |  |

# Appendix 5: Supporting Documentation

This section is reserved for the plan writer when developing this plan to have a dedicated area to include supporting documentation such as for agricultural land use designation verification, Nutrient Management program setback waiver verification, AEU calculation verification when no NMP is available, etc.

*Provide a heading for each topic discussed in this Appendix.*