



ST. JOSEPH COUNTY  
DEPARTMENT OF HEALTH  
Prevent. Promote. Protect.

# St. Joseph County Department of Health

*"To promote health and wellness with compassion and integrity through partnerships, education, protection, and advocacy for all who reside in and visit St. Joseph County."*

## CONCENTRATED ANIMAL FEEDING OPERATION

### PERMIT APPLICATION

#### Site Information: (Provide the following information for the location of the CAFO):

Name of Business \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### Applicant Information: (Provide the following for the person who completed this application):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Applicant is (check one): The owner: \_\_\_\_\_ An authorized representative of the owner: \_\_\_\_\_

#### Ownership information:

Provide the following information for any person who owns more than 5% of the property and/or facilities included in the permit application. Use additional sheet if necessary.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### Description of livestock:

Type of livestock to be confined: \_\_\_\_\_  
Maximum number of livestock that may be confined at any time: \_\_\_\_\_  
Number of livestock confined at time of application: \_\_\_\_\_  
If livestock are swine, list number weighing more than 55 pounds during any time on site: \_\_\_\_\_  
If livestock are ducks, chickens, or laying hens, is a liquid manure handling system used? Yes/No \_\_\_\_\_

#### Application submittals:

The following items must be submitted with the application. Check those that are attached to this submittal.

- A waste management plan as described by County Code 116.16 on the attached form. \_\_\_\_\_
- A farmstead plan as defined in 327 IAC 19-7-3. \_\_\_\_\_
- A waste management system drawing as described in 327 IAC 19-7-4. \_\_\_\_\_
- A manure management plan as defined in 327 IAC 19-7-5. \_\_\_\_\_
- A copy of the CAFO Permit Application submitted to IDEM (proposed facilities). \_\_\_\_\_

#### IDEM Permit:

List the effective date of your permit. \_\_\_\_\_  
List the expiration date of your permit. \_\_\_\_\_  
If your IDEM permit has not yet been issued, list the date of the latest application. \_\_\_\_\_

#### Drawings:

Attach the following maps and drawings drawn to scale:

- A map showing the separation distances listed below. \_\_\_\_\_
- A map of the property on which the CAFO is or is proposed to be located showing all property boundaries and features used to operate the CAFO. \_\_\_\_\_

**Separation Distances to Residential Structures.**

List the distance to the nearest items listed below.

- Residence (not owned by the applicant): \_\_\_\_\_
- Residential zoning distance: \_\_\_\_\_
- Incorporated city or town: \_\_\_\_\_

All separation distances shall be measured as the straight line distance from the nearest point of any structure at the CAFO that contains animals or manure to the:

- Nearest point on the outside wall of any residence for residential setbacks.
- The nearest boundary of any residential zoning district for any residential zoning district setback.
- The nearest boundary of any municipality for a municipality setback.

**Separation Distances Between CAFOs.**

List the distance to the closest two existing CAFOs to the CAFO that is the subject of this application:

- Nearest existing CAFO (If greater than two miles list two miles): \_\_\_\_\_
- Second nearest CAFO (If greater than two miles list two miles): \_\_\_\_\_

All separation distances shall be measured as the straight line distance from the nearest point of any structure that contains animals or manure at the proposed CAFO to the nearest point of any structure that contains animals or manure at the proposed CAFO.

**Separation Distances to Water Features:**

List the distance to the nearest items listed below from your waste lagoon or solid waste storage structure.

	Waste Lagoon	Solid Waste Storage Structure
• Public water supply well	_____	_____
• Water well on the CAFO	_____	_____
• Off-site well	_____	_____
• Non-potable well	_____	_____
• Waters of the State	_____	_____
• Drainage inlets	_____	_____
• Sediment basins	_____	_____
• Sinkholes	_____	_____
• Public Tiles	_____	_____
• Flood plains	_____	_____

The definitions of the items listed above are contained in County Code 116.07. The separation distances shall be measured as the straight line distance from any structure on the CAFO that contains animals or manure to the nearest point of the water feature.

**Separation Distances to Sensitive Receptors.**

List the distance to the items listed below.

- Public road right of way: \_\_\_\_\_
- Property line of proposed CAFO: \_\_\_\_\_
- Church: \_\_\_\_\_
- Daycare: \_\_\_\_\_
- Medical Facility: \_\_\_\_\_
- School: \_\_\_\_\_

The definitions of the items listed above are contained in County Code 116.07. All separation distances shall be measured as the straight line distance from any structure on the CAFO that stores manure or contains animals to the nearest point on the outside wall of the structure or the nearest property line or road right of way, as appropriate.

**History of environmental compliance:**

Describe any unresolved violations of EPA, IDEM, or Department of Health laws, regulations, rules, or requirements concerning **the CAFO which is the subject of this application** (Use additional sheets if necessary). An unresolved violation is any violation for which written verification of compliance has not been received from the agency that cited the violation.

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Describe any unresolved violations of EPA, IDEM, or Department of Health laws, regulations, rules, or requirements concerning **any other CAFO(s) in Indiana** owned in whole or in part by the same person(s) as the CAFO that is the subject of this application (Attach additional sheets if necessary). An unresolved violation is any violation for which written verification of compliance has not been received from the agency that cited the violation.

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**Certifications:**

I hereby certify that I am the property owner or the authorized representative of the property owner identified above and that the above statements and all attached application submittals are true and accurate. I certify that I will inform the Department of Health of any changes to the information contained in this application as required by County Code 116. I certify that I have the authority to and I hereby grant permission and consent for the Department of Health to enter onto the property identified above to conduct inspections and to collect information and data to assess compliance with County Code 116, titled "Concentrated Animal Feeding Operations". The Department of Health will contact the owner or operator prior to conducting any such inspections unless they are unavailable during an emergency.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name

For Department of Health Use Only
Application Number: _____
Transaction Number: _____
Transaction Date: _____