



## Livestock Carcasses: Application for Disposal without a Permit

Disposal Without a Permit Authorized by K.S.A. 65-3407c(a)(5)

*NOTE: This application applies to disposal of whole, unprocessed livestock carcasses. If animals died of disease, approval by the Kansas Department of Agriculture (KDA) may be required.*

### Applicant Information

Individual or organization name \_\_\_\_\_

Contact name (printed) \_\_\_\_\_

Position/Title \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### Waste and Disposal Information

Type of animals \_\_\_\_\_

When did animals die? \_\_\_\_\_

How did animals die? \_\_\_\_\_

Number of carcasses \_\_\_\_\_ Average weight per carcass \_\_\_\_\_

Date disposal will begin \_\_\_\_\_ Projected date disposal will end \_\_\_\_\_

### Disposal Site Information

Is this a pre-selected disposal site?  Yes  No If "Yes", provide Feedlot Identification Number \_\_\_\_\_

County \_\_\_\_\_ Legal description  $\frac{1}{4}$  \_\_\_\_\_  $\frac{1}{4}$  \_\_\_\_\_ Sec \_\_\_\_\_ Twp \_\_\_\_\_ Range \_\_\_\_\_

Disposal site address \_\_\_\_\_

Property owner:  Same as applicant and applicant contact. *[If not the same, complete the following.]*

Property owner \_\_\_\_\_

Contact name (printed) \_\_\_\_\_

Position/Title \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### Applicant Requirements

1. Disposal may only take place during the disposal period approved by the Kansas Department of Health and Environment (KDHE).
2. Proper procedures will be followed to minimize threats to human health and the environment.
3. The design and construction of the disposal unit will be determined in coordination with KDHE.
4. The material disposed of will only be carcasses described in this application (unless approved in writing by KDHE).
5. No carcasses may be brought to the site after the approved disposal period (unless approved in writing by KDHE).
6. After disposal is complete, the disposal area will be covered with at least of 3 feet of soil and seeded, rocked, or paved (unless otherwise approved in writing by KDHE). The final grades for the area will: be compatible with and not detract from the appearance of adjacent properties; facilitate drainage from the area; and prevent ponding of water.

**Additional Applicant and/or Property Owner Requirements** *[Applicable if initialed by a KDHE or KDA representative]*

\_\_\_\_\_ APPLICANT: Comply with all additional requirements specified by the KDA-Division of Animal Health (DAH).

\_\_\_\_\_ PROPERTY OWNER: Within 30 days of site closure, prepare and file a restrictive covenant with the County Register of Deeds. Submit a copy of the filed restrictive covenant to KDHE\* within 30 days of filing. A restrictive covenant form is available on the KDHE Bureau of Waste Management website (Form DS130).

\_\_\_\_\_ APPLICANT: Within 60 days of site closure, submit to KDHE\* the following: (1) an "as-built" sketch or aerial photo (e.g., Google Earth) of the site, showing the location and dimensions of the disposal pit, property lines, and nearby structures, roads, water bodies, etc; and (2) plans for site maintenance and repair.

\* Submit information to KDHE by mail to the address at the bottom of page 1 or by email to kdhe.bwmweb@ks.gov

**Applicant Certification**

*I, the applicant or authorized representative, agree to all applicant requirements specified in this document.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Same as applicant contact on page 1. *[If not the same, complete the following.]*

Name (printed) \_\_\_\_\_ Position/Title \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Property Owner Approval and Certification** *[If the property owner is the applicant, please sign again.]*

*I, the disposal site property owner or authorized representative, agree to the following:*

1. This property may be used for disposal as described in this document.
2. The applicant may access the site as necessary to operate and close the disposal site.
3. The property owner will comply with all property owner requirements specified in this document.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Same as property owner or property owner contact on page 1. *[If not the same, complete the following.]*

Name (printed) \_\_\_\_\_ Position/Title \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Local Government or Zoning Authority Approval**

Local Gov/Zoning Auth Name \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Name (printed) \_\_\_\_\_ Position/Title \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**KDA-DAH Approval** *[if animals died of disease]*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Name (printed) \_\_\_\_\_ Position/Title \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Comment \_\_\_\_\_

**KDHE Approval**

Approved disposal period \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Name (printed) \_\_\_\_\_ Position/Title \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Comment \_\_\_\_\_