Choosing & Evaluating Emergency Animal Burial Sites at CAFOs

Presented by
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Basic Principles of Preparedness – 5 Ps

P – Prior
P – Preparation
P – Prevents
P – Poor
P - Performance
Topics covered in this session:

- How to choose & evaluate a burial site.
- How to apply for a pre-selected burial site.
- Example site evaluation.
How to choose & evaluate a burial site:

• Main Considerations:
  – Location
  – Geology/Soils
  – Logistical Issues
Location

• Nearby for quick disposal & prevent disease spread
• Away from...
  – feed lot pens if they will be repopulated
  – water supply wells
  – dwellings, schools, daycare, hospitals, restaurants, public roads, parks, cemeteries
  – airports
Location (continued)

• Avoid...
  – historical/archeological sites
  – critical habitat for endangered/threatened species
  – surface waters/wetlands
  – 100-year flood plains
  – sensitive groundwater areas
  – utilities

• Provide vertical separation from groundwater table
Location (continued)

• Property owner permission required*
• Local government approval required*

* When emergency occurs
Geology/Soils

• Avoid...
  – unstable areas (sinkholes, etc.)
  – areas with porous/fractured bedrock
  – areas with fast-draining soils
  – areas with shallow groundwater table
  – areas with high groundwater flow rates
Logistical Issues

- Large enough site to fit the burial trenches and staging areas
- Access for heavy equipment
- Safe work setting
- Control drainage
- Soil cover
- Equipment washdown/decontamination
- Land use limitations
- Ability to monitor the site
- Etc.
How to apply for a pre-selected burial site:

• Application form in your workshop manual & available at www.kdhe.state.ks.us/waste.

• Basic information needed:
  – Company name & contact info
  – Site location & size
  – Type & number of animals
  – Groundwater table elevation
How to apply for a pre-selected burial site:

• Basic information needed (continued):
  – Map of site showing nearby features (roads, buildings, wells, etc.)
  – Flood map with site location shown
  – Sensitive groundwater map with site location shown
  – Property ownership info
  – Soil type
Application (continued)

- The application does NOT authorize you to bury animal carcasses or other types of waste!
- If an emergency occurs, you must request authorization at that time.
- The authorization request should be made on the Guideline for Disaster Response: Solid Waste Management Authorization Application form in your workshop manual.
GUIDELINE FOR ANIMAL DISEASE
EMERGENCY RESPONSE
Solid Waste Management
Authorization Application

Applicant Information

Livestock Facility Owner/Operator ______________________________________________________

Mailing Address ______________________________________________________________________

City ___________________________________ State ___________ Zip __________________

Phone ________________________________ Fax ____________________________

Disposal Information

Type of Facility (please check one) ______ Transfer Site ______ Disposal Site

Type of waste ________________________________________________________________

Amount of waste _______________________________________________________________

How was waste generated? __________________________________________________________

Date disposal will begin ___________________________________________________________

Projected date disposal will end ____________________________________________________

Disposal Site Information

County __________________ 1/4 _____ 1/4 _____ Sec ________ T ________ R _________

Property Owner _________________________________________________________________

Location Address _________________________________________________________________

City ___________________________________________ State _____________ Zip ______________

Location Phone ________________________________________________________________

I, ______________________________________________________________, the property owner, agree to allow this property to be used for this disposal purpose.

White - Zoning Authority    Canary - BWM/Topeka    Pink - District Office    Blue - Landowner
Application shall be made by the livestock facility owner/operator.

The livestock facility owner/operator agrees to the following:

1. A site cleanup and closure plan shall be developed and submitted to the Department for approval.
2. No additional waste may be brought to the site following the Department’s approval of the site cleanup and closure plan. The disposal area must be covered with a minimum of three feet of soil and seeded, rocked, or paved.
3. The livestock facility owner/operator shall provide for post-closure maintenance of the area.
4. A restrictive covenant shall be filed for all areas where waste is disposed.

Signature of the livestock facility owner/operator taking responsibility for the site:

_____________________________________________________ Date __________________________

Name ________________________________________ Position /Title ___________________________
(printed)

___________________________________________________________ _________________________
(local governmental or zoning authority)

Name ________________________________________ Position /Title ___________________________
(printed)

Signature ____________________________________________

___________________________________________________________ _________________________
(THIS SECTION TO BE COMPLETED BY AUTHORIZED REPRESENTATIVE OF THE KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT)

KDHE approval as per authority under K.S.A. 65-3407c(a)(5).

Authorized KDHE Representative __________________________ Date __________

Name __________________________________________ Position/Title __________________________
(printed)
GUIDELINE FOR ANIMAL DISEASE
EMERGENCY RESPONSE
Solid Waste Management
Authorization Application

Applicant Information

Governmental Authority ________________________________________________________________

Mailing Address ______________________________________________________________________

City ___________________________ State ___________ Zip __________________

Phone __________________________ Fax __________________

Disposal Information

Type of Facility (please check one) _____ Transfer Site _____ Disposal Site

Type of waste ________________________________________________________________

Amount of waste _______________________________________________________________

How was waste generated? _____________________________________________________________

Date disposal will begin ________________________________

Projected date disposal will end ______________________________

Disposal Site Information

County _______________ 1/4 _____ 1/4 ______ Sec _______ T _______ R _________

Property Owner ________________________________________________________________

Location Address ________________________________________________________________

City ___________________________ State _______________ Zip ________________

Location Phone ________________________________

I, ________________________________, the property owner, agree to allow this property to be used for this disposal purpose.

White - Zoning Authority   Canary - BWM/Topeka   Pink - District Office   Blue - Landowner
Application shall be made by the local governmental authority having jurisdiction over the area.

The local governmental authority agrees to the following:

1. A site cleanup and closure plan shall be developed and submitted to the Department for approval.
2. No additional waste may be brought to the site following the Department’s approval of the site cleanup and closure plan. The disposal area must be covered with a minimum of three feet of soil and seeded, rocked, or paved.
3. The local governmental authority shall provide for post-closure maintenance of the area.
4. A 5 year restrictive covenant shall be filed for all areas where waste is disposed.

Signature of the Local Governmental Authority taking responsibility for the site:

_____________________________________________________ Date __________________________

Name ________________________________________ Position /Title___________________________

(printed)

(this section to be completed by local governmental or zoning authority having jurisdiction over the disposal site)

Approved by ____________________________________________ Date _________________________

(local governmental or zoning authority)

Name _________________________________________ Position /Title__________________________

(printed)

Signature ____________________________________________

(This section to be completed by authorized representative of the Kansas Department of Health and Environment)

KDHE approval as per authority under K.S.A. 65-3407c(a)(5).

Authorized KDHE Representative _________________________________   Date ___________

Name ____________________________________ Position/Title ________________________

(printed)