



2018

Arkansas Natural Resources Commission

POULTRY FEEDING OPERATION REGISTRATION

All poultry feeding operations shall register between January 1 through March 31 or be deemed out of compliance and subject to penalties set forth in Title 19.

POULTRY FEEDING OPERATION REGISTRATION

Contact Information:

Operator name: _____

Address: _____

City: _____ County: _____

State: _____ ZIP: _____

Telephone Numbers: _____

FAX: _____

E-mail _____

Facility Information:

1. Facility Name and Location Information:

Facility name: _____

Address (Physical Address, not p.o. box): _____

City: _____ County: _____

State: _____ ZIP: _____

Latitude: _____ Longitude: _____ of entrance to facility

Section: _____ Range: _____ Township: _____

For existing farms only: If information is the same please check the box.

Tracking #

Water Shed Code:

2. Owner Information (if different from operator information):

Owner Name: _____

Address: _____

City: _____ **County:** _____

State: _____ **ZIP:** _____

Telephone Numbers: _____

For existing farms only: If information is the same please check the box.

3. Integrator Information (If contract operation):

Integrator Name: _____

Contact Name: _____

Address: _____

City: _____ **County:** _____

State: _____ **ZIP:** _____

Telephone Numbers: _____

FAX: _____

For existing farms only: If information is the same please check the box.

4. Type and Number of Animals (farm Capacity, how many birds are on your farm at any given time).

a) **Dry Litter**

Broiler _____ Turkey _____

Pullet _____ Duck _____

Breeder _____

b) **Wet Manure**

Layers _____

5. Number of acres under your control available for land application of manure or litter:

For existing farms only: If information is the same please check the box.

6. Type of storage: _____ total storage capacity _____ tons

For existing farms only: If information is the same please check the box..

7. Method of carcass disposal:

- Freezer
- Composter
- Incinerator
- Other-specify _____

For existing farms only: If information is the same please check the box.

8. Estimated tons of manure or litter produced last year: _____ Tons (refer to records or NMP)

You may use the following formula; used to calculate the number of dry tons of litter produced

Broiler- Number of Birds / 1000 X Avg. wt. X Number of Flocks X .25 (for birds less than 4lbs multiply by .225)

Example 100,000 birds with an avg. weight of 4lbs raising 5 flocks per yr.
100,000 / 1000 X 4 X 5 X .25 = 500 tons of litter.

Pullet- Number of Birds/1000 X number of days in production X Avg. Wt. X .011 X number of Flocks / 2

Breeder- Number of Birds/1000 X Number of days in production X Avg. Wt. X .015 / 2

9. Utilization:

Litter removed from poultry houses

- a) Total tons of cake removed _____Tons
- b) Cleanout date __/__/2018 _____Tons *(complete clean out)*
- c) Cleanout date __/__/2018 _____Tons *(complete clean out)*
- d) Total tons of Litter removed _____Tons *(add 9a through 9c)*

Type of litter practice (The total tons removed should be accounted for in this section)

- e) Land-Applied: _____Tons
- f) Stored: _____Tons
- g) Sold or Transferred : _____Tons *(refer to records on page 6 and report names and destination)*
- h) Other _____ Tons, specify: _____
- i) Total: _____ Tons *(add e through h)*

10. Number of Flocks per year: _____

11. Number of Days in production: _____

12. Number of Poultry Houses: _____

13. Average weight of birds: _____

Annual FEE:

- Poultry Feeding Operation Registration: (**\$10 Payable to your Conservation District**):

Check # _____

District Employee Signature _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true and accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment.

Print or type full name.

Signature of owner/operator.

____/____/_____
Date

Litter Transfer and Activity Records:

Name of Facility and or Operator _____

1. Cake out or clean out (circle one):

Date _____ Tons _____ applied transferred stored other

Name of person you sold or transferred the litter to: _____

Address _____ Phone (____) _____

Name of Town or community where the litter was applied: _____

2. Cake out or clean out (circle one):

Date _____ Tons _____ applied transferred stored other

Name of person you sold or transferred the litter to: _____

Address _____ Phone (____) _____

Name of Town or community where the litter was applied: _____

3. Cake out or clean out (circle one):

Date _____ Tons _____ applied transferred stored other

Name of person you sold or transferred the litter to: _____

Address _____ Phone (____) _____

Name of Town or community where the litter was applied: _____

4. Cake out or clean out (circle one):

Date _____ Tons _____ applied transferred stored other

Name of person you sold or transferred the litter to: _____

Address _____ Phone (____) _____

Name of Town or community where the litter was applied: _____

5. Cake out or clean out (circle one):

Date _____ Tons _____ applied transferred stored other

Name of person you sold or transferred the litter to: _____

Address _____ Phone (____) _____

Name of Town or community where the litter was applied: _____

6. Cake out or clean out (circle one):

Date _____ Tons _____ applied transferred stored other

Name of person you sold or transferred the litter to: _____

Address _____ Phone (____) _____

Name of Town or community where the litter was applied: _____

Litter Transfer and Activity Records: *take this copy back to your farm and use it as part of your farm records. When you register your farm next year, provide this information to the District office along with your registration form; each year you will be given a new record sheet.*

Name of Facility and or Operator _____

1. Cake out or clean out (circle one):

Date _____ Tons _____ applied transferred stored other
Name of person you sold or transferred the litter to: _____
Address _____ Phone (____) _____
Name of Town or community where the litter was applied: _____

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