

Poultry Mass Depopulation and Disposal Plan

Farm Name: _____ Premises ID: _____ Plan Date _____

Farm Owner: _____ Address: _____

City: _____ State: _____ County: _____ Phone: _____

Mailing Address: (If Different from above): _____

City: _____ State: _____ County: _____ Phone: _____

Points of Contact: Farm Manager: Name: _____ Phone: _____

Premises Staff #1: Name: _____ Phone: _____

Type of Poultry Production: _____

Species	Layer	Broiler	Pullet	Turkey	Breeder: Chicken	Breeder: Turkey	Pheasant	Duck	Other
Number of Animals									
Average Wt. Per Bird									
Weight for Each Group									
Animal units (Total Wt./ 1000)									

Depopulation Information:

AVMA Approved Method (CO₂, Water-based Foam, other): _____

Who will perform depopulation: _____

Depopulation container: (Barn, Roll off, Dump Truck, Dump-trailer, etc.): _____

Number of trained staff to operate all depopulation equipment per shift: _____

Estimated time to depopulate (days) _____

If Foam method: Water Availability: _____ Water Source Name: _____

Address: _____

Contact Person _____ Phone: _____ Transportation of water _____

Water Available for compost: _____ Water Source Name: _____

Address: _____

Contact Person: _____ Phone: _____ Transportation of water: _____

Who will construct Compost Windrow Construction: _____

Contractor: Yes No If Yes: Name: _____

Address: _____

Contact Person and Phone number: _____

Turning method: _____ (skid steer, loader, tractor, windrow turner, other)

Premises Map (Attach a site-specific map (hand drawn or digital) that includes:

- Property Line
- Environmental concerns: ponds, wells, streams, etc.
- Lines of separation (LOS)
- Perimeter Buffer Area (PBA)
- Clean/Dirty Line #1 for people and equipment entering and leaving.
- Clean/Dirty Line #2 for potential carbon material delivery
- Cleaning and Disinfectant station
- Depopulation area if outside
- Compost Sites if outside
- Possible Shallow Trench Compost Sites
- Possible Burial Sites
- Dumpster and Porta-potty location
- Parking for workers

Affected on Farm materials to be managed:

1. Animals:

Operation type	Hens	Roosters/Toms	Chicks/Poults	Other
# of Animals				
Average weight of each size group				
Number of Animal units (total weight/ 1000)				

*These are estimated weights: approximate the average weight

Total number of Animal Units _____ (sum of animal units for each production group)

2. Feed on site:

of Feed Bins: _____ tons of feed/ bin _____

Total tons of feed on site: _____

3. Manure on site: _____ Cubic Yards or _____ weight (tons)

4. Used Litter on site: _____ Cubic Yards.

Compost Operation: Inside Barns

Barn #1 inside barn dimensions: Length _____ X Width _____

Number of compost windrows: _____ Windrow length _____ Windrow width _____ Alley width _____

Barn #2 inside barn dimensions: Length _____ X Width _____

Number of compost windrows: _____ Windrow length _____ Windrow width _____ Alley width _____

Barn #3 inside barn dimensions: Length _____ X Width _____

Number of compost windrows: _____ Windrow length _____ Windrow width _____ Alley width _____

Barn #4 inside barn dimensions: Length _____ X Width _____

Number of compost windrows: _____ Windrow length _____ Windrow width _____ Alley width _____

Barn #5 inside barn dimensions: Length _____ X Width _____

Number of compost windrows: _____ Windrow length _____ Windrow width _____ Alley width _____

Barn #6 inside barn dimensions: Length _____ X Width _____

Number of compost windrows: _____ Windrow length _____ Windrow width _____ Alley width _____

Add additional barns dimensions (if applicable)

Compost Operation: Outside

Land Available (acres)	Location: Onsite or Offsite:	Site approval by state (DNR) Yes, no, pending	Land Use ownership agreement (if necessary)

Site Accessible in all weather: Yes or No Soil Type: _____

Compost Water Availability: _____ Water Source Name: _____

Address: _____

Contact Person _____ Phone: _____ Transportation of water _____

Notes and comments:

Determine the amount of each carbon type and field space needed:

- Base Material: Coarse Amount required: _____

- Core and cap material: Mixed to fine Amount required: _____

- Field space calculations:
 - Linear feet of windrow need: _____
 - Available field space: Length: _____ Width: _____
Acres _____ (43,560 sq ft/acre)
 - Anticipated Number _____ windrows:
 - Alley spacing: _____ Number of Allies _____

- Compost Area required: _____ acres. (Include a sketch of compost windrows layout below)

Sketch of Compost Windrows Layout:

Notes and comments:

Carbon Feedstock Sources Contact Information:

Source#1 Business name: _____
Contact person: _____ Phone: _____
Address: _____ City: _____ Zip code: _____
Email: _____
Type of carbon available: _____
Volume available: _____ Number of Trucks available/day: _____

Source#2 Business name: _____
Contact person: _____ Phone: _____
Address: _____ City: _____ Zip code: _____
Email: _____
Type of carbon available: _____
Volume available: _____ Number of Trucks available/day: _____

Source#3 Business name: _____
Contact person: _____ Phone: _____
Address: _____ City: _____ Zip code: _____
Email: _____
Type of carbon available: _____
Volume available: _____ Number of Trucks available/day: _____

On farm Equipment:

Number of each type:

Skid steer (s) _____	Size: _____	Skilled operators: _____
Front end loaders: _____	Bucket capacity _____	Skilled operators: _____
Excavator: (Size) _____	Thumb or no thumb: _____	Skilled operators: _____
Mixer Wagons (TMR) _____	Size: _____	Skilled operators: _____
Compost turner: _____	Style: _____	Skilled operators: _____
Backhoe: _____	Size: _____	Skilled operators: _____
Other: _____		Skilled operators: _____

Notes and comments:

Off Farm Equipment Sources:

Source#1 Business name: _____
Contact person: _____ Phone: _____
Address: _____ City: _____ Zip code: _____
Email: _____
Equipment available: _____

Equipment Operators available: Yes or No

Source#2 Business name: _____
Contact person: _____ Phone: _____
Address: _____ City: _____ Zip code: _____
Email: _____
Equipment available: _____

Equipment Operators available: Yes or No

Source#3 Business name: _____
Contact person: _____ Phone: _____
Address: _____ City: _____ Zip code: _____
Email: _____
Equipment available: _____

Equipment Operators available: Yes or No

Compost Pile or Shallow Trench Composting (Shallow Burial with Carbon) Maintenance Equipment needs:

Final disposition of compost: on-site or off-site Where:

Landfill Locations:

1. Name: _____

Address: _____

Contact Person: _____ Phone Number _____

2. Name: _____

Address: _____

Contact Person: _____ Phone Number _____

Incineration Locations:

1. Name: _____

Address: _____

Contact Person: _____ Phone Number _____

2. Name: _____

Address: _____

Contact Person: _____ Phone Number _____

Rendering Locations:

1. Name: _____

Address: _____

Contact Person: _____ Phone Number _____

2. Name: _____

Address: _____

Contact Person: _____ Phone Number _____

Notes and comments: