

Form Approved
OMB No. 2040-0250
Approval expires 12-15-05

<input type="checkbox"/> Turkeys			
<input type="checkbox"/> Chickens (Broilers)			
<input type="checkbox"/> Chickens (Layers)			
<input type="checkbox"/> Ducks			
<input type="checkbox"/> Other Specify _____			
3. TOTAL ANIMALS			
C. <input type="checkbox"/> TOPOGRAPHIC MAP			
D. TYPE OF CONTAINMENT, STORAGE AND CAPACITY			
1. Type of Containment	Total Capacity (in gallons)		
<input type="checkbox"/> Lagoon			
<input type="checkbox"/> Holding Pond			
<input type="checkbox"/> Evaporation Pond			
<input type="checkbox"/> Other: Specify _____			
2. Report the total number of acres contributing drainage: _____ acres			
3. Type of Storage	Total Number. of Days	Total Capacity (gallons/tons)	
<input type="checkbox"/> Anaerobic Lagoon			
<input type="checkbox"/> Storage Lagoon			
<input type="checkbox"/> Evaporation Pond			
<input type="checkbox"/> Aboveground Storage Tanks			
<input type="checkbox"/> Belowground Storage Tanks			
<input type="checkbox"/> Roofed Storage Shed			
<input type="checkbox"/> Concrete Pad			
<input type="checkbox"/> Impervious Soil Pad			
<input type="checkbox"/> Other: Specify _____			