OHIO DEPARTMENT OF AGRICULTURE INSPECTION FORM

PLEASE NOTE: The format of this inspection form is subject to change when it is converted to the program created by Dayhuff.

I. FACILITY INFORMATION

Date of Inspection:

Name of Inspector:

Start Time of Inspection:

End Time of Inspection:

Owner/Operator’s Name, Address and Phone Number:

Facility Name, Address and Phone Number:

Facility Type:

- Dairy
- Beef
- Pullets
- Broilers
- Laying Hens
- Turkeys
- Swine – Gestation Farrowing
- Swine – Finishing
- Ducks
- Sheep

PTI Number:

PTO Number:

NPDES Number:

Contact Person Name, Address and Phone Number:

ODA Livestock Environmental Permitting Program

Revised 6/04/02
FACILITY INFORMATION - Continued

Livestock Manager Name, Address, and Phone Number (901:10-1-06):
(A livestock manager is required if the facility has 10000 or more animal units)
  > Livestock Manager Certificate Number:
  > Date of Expiration of Certificate:

Facility Location:
  > County:
  > Township:
  > Section:

Biosecurity Information (901:10-5-02):
  > Inspector followed facility’s biosecurity plan.
  Comments
  Yes or No

  > Inspector followed industry standard plan.
  Comments
  Yes or No
II. FACILITY OPERATION INFORMATION

Facility Upkeep and General Appearance: (circle one that applies)

➢ Above Average
➢ Average
➢ Below Average
➢ Poor

Comments

________________________________________

________________________________________

________________________________________
FACILITY OPERATION INFORMATION - Continued

Animal Unit Calculations

<table>
<thead>
<tr>
<th>Animal Type</th>
<th>2. Animal Unit Factor</th>
<th>3. Existing Number of Animals (leave blank if new)</th>
<th>4. Existing AU Design Capacity (column 2 x column 3)</th>
<th>5. Maximum Number of Animals (for new or expanding)</th>
<th>6. Maximum AU Design Capacity (column 2 x column 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Beef Cattle</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slaughter and feeder cattle</td>
<td>1.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Dairy Cattle</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mature cow (milked or dry)</td>
<td>1.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Swine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over 55 pounds</td>
<td>0.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Horses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Horse</td>
<td>2.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Sheep</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sheep or lamb</td>
<td>0.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Turkeys</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turkey</td>
<td>0.02</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Chickens</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laying hen or broiler</td>
<td>0.01</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Ducks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duck</td>
<td>0.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Animals not listed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL ANIMAL UNIT DESIGN CAPACITY**
Add all numbers in column 4 for existing AU total
Add all numbers in column 6 for final AU total

<table>
<thead>
<tr>
<th></th>
<th>Existing AU Total</th>
<th>Final AU Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ODA Livestock Environmental Permitting Program
Revised 6/04/02
<table>
<thead>
<tr>
<th>Describe the Upkeep and General Appearance of the following:</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Poor</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diversion Ditches</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diversion Dikes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Berms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Embankments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pipe Runs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grassed Waterways</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vegetative Cover</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contour Grass Strips</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Settling Basins</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
III. WATER SYSTEM

Water Supply

Water Supply Sources (901:10-2-08):

➢ Water Treatment: Yes or No

Comments

➢ Water Treatment Backflush Disposal Method or Other Method? Yes or No

Comments

Volume Generated? Yes or No

Comments

Sanitary Wastewater Disposal Method and Volume Generated (901:10-2-08):

Comments

➢ Is there an Approved Permit? Yes or No

Comments
WATER SYSTEM – Continued

Ground Water Monitoring
Ground Water Monitoring (901:10-2-03):

Is the Water Well Location Maintained in a Proper Manner to Avoid Contamination?  
Yes or No

Comments

Are Records of Groundwater Monitoring and Sampling Analysis Properly Recorded in the Operating Record? (901:10-2-08, 901:10-2-16)

Yes or No

Comments

Water Quality Impacts:

Is There Evidence of Actual Offsite Discharge?  
Yes or No

Comments

Waste Water Management

Are There Potential Problem Areas for Wastewater Management? (901:10-2-08)

Yes or No

Comments
Water Samples
Document the Last Test Date of Water Samples if Taken by the Inspector or Owner or Operator.

<table>
<thead>
<tr>
<th>Yes</th>
<th>or</th>
<th>No</th>
</tr>
</thead>
</table>

Comments
________________________________________________________________________
________________________________________________________________________

Agricultural Drainage Well
Is There Indication of an Agricultural Drainage Well (Class V well) on the Property?

<table>
<thead>
<tr>
<th>Yes</th>
<th>or</th>
<th>No</th>
</tr>
</thead>
</table>

Comments
________________________________________________________________________
________________________________________________________________________

Is the Agricultural Drainage Well likely to have runoff?

<table>
<thead>
<tr>
<th>Yes</th>
<th>or</th>
<th>No</th>
</tr>
</thead>
</table>

Comments
________________________________________________________________________
________________________________________________________________________
**WATER SYSTEM – Continued**

Process Wastewater Disposal Method and Volume Generated:
(901:10-2-08(A)(3)(d)

<table>
<thead>
<tr>
<th>TYPE</th>
<th>DISPOSAL METHOD</th>
<th>VOLUME GENERATED</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wash-water From Cooling Animals or Milking Parlors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Litter and/or Bedding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pesticides/Fertilizers/Herbicides</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleaning Solutions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feed Material</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vehicle Fluids</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Filter Backwash Water</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wormers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soil Erosion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooling Water</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sanitary Waste</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Power Washing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
IV. MANURE STORAGE AND TREATMENT FACILITIES

Type of Manure (circle all that apply)

- Liquid
- Solid

Comments

List the Total Manure Storage Volume and the Storage Capacity (901:10-2-16(A)(1)(a)(iii) and 901:10-2-08(A)(3)(f)

Type of Manure Storage or Treatment Facility (901:10-2-04) (circle all that apply)

- Fabricated Structure
- Manure Storage Pond
- Manure Treatment Lagoon
- Combination

Comments
MANURE STORAGE AND TREATMENT FACILITIES - Continued

Fabricated Structure
Type of Fabricated Structure (and approximate dimensions) (901:10-2-05)
(circle all that apply)

➢ High Rise
➢ Deep Pit
➢ Stacking Slab
➢ Above Ground Tank (metal)
➢ Above Ground Glass Lined Steel Tank
➢ Compacted Earthen Floor
➢ Concrete Pit
➢ Concrete Block or Stave Pit
➢ Other

Comments
________________________________________________________________________
________________________________________________________________________

Is There a Six-Inch Minimum of Freeboard? (901:10-2-05)  

Yes  or  No

Comments
________________________________________________________________________
________________________________________________________________________
MANURE STORAGE AND TREATMENT FACILITIES - Continued

Manure Storage Pond or Manure Treatment Lagoon

Type of Manure Storage Pond or Manure Treatment Lagoon (and approximate dimensions) (901:10-2-06) (circle all that apply)

- Clay Lined Earthen Basin
- Earthen Holding Basin
- Aerated Lagoon
- Synthetic Liner Basin
- Other

Comments
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Is There a Twelve-Inch Minimum of Freeboard? (901:10-2-06)  
Yes or No

Comments
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Is There Evidence in the Operating Record of Regular Inspections of the Manure Storage or Treatment Facilities for Erosion, Leakage, Animal Damage, or Discharge? (901:10-2-06, 901:10-2-08)  
Yes or No

Comments
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Do the Inspections Match the Frequency in the Manure Management Plan?  
(901:10-2-06, 901:10-2-08)  
Yes or No

Comments
________________________________________________________________________
________________________________________________________________________
**MANURE STORAGE AND TREATMENT FACILITIES – Continued**

Are These Regular Inspections Properly Recorded in the Operating Record? (901:10-2-08, 901:10-2-16)  
Yes or No  
Comments

<table>
<thead>
<tr>
<th>Is the Level Indicator(s) Conspicuously Located and Properly Functioning in the Manure Storage Pond or Manure Treatment Lagoon? (901:10-2-06, 901:10-2-08)</th>
<th>Yes or No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is the Manure Removal or Manure Residual Removal Outlined in the Manure Management Plan? (901:10-2-07, 901:10-2-08, 901:10-2-16)</th>
<th>Yes or No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quantity Removed</td>
<td></td>
</tr>
<tr>
<td>Date of Removal</td>
<td></td>
</tr>
<tr>
<td>Comments</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is the Vegetation near the Manure Storage Pond or the Manure Treatment Lagoon Properly Maintained? Are the Maintenance Inspections and Upkeep Properly Recorded in the Operating Record? (901:10-2-08, 901:10-2-16)</th>
<th>Yes or No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments</td>
<td></td>
</tr>
</tbody>
</table>
V. MANURE DISPOSAL

If the Manure is Brokered, List the Name, Address and Phone Number of the Broker. (901:10-1-06)

Are the "Agreement" Forms in Good Order and Maintained in the Operating Record? (901:10-2-16)

Yes or No

Comments

List the Number of Acres Utilized for Land Application. (901:10-2-16) (Include both land that is owned and land that is leased)

- Acres Owned
- Acres Leased
- Other Land
- Total Acres
- Comments

Are the Methods of Manure Disposal Method(s) Properly Recorded in the Operating Record? (901:10-2-16)

Yes or No

Comments
MANURE DISPOSAL – Continued

Is the Annual Soil Analysis Properly Recorded in the Operating Record? (901:10-2-16) (The analysis records must be on hand for three years)

Yes or No

Comments

Has the Equipment for Land Application Been Inspected, Maintained and Properly Recorded in the Operating Record? (901:10-2-16)

Yes or No

Comments

Type of Manure Applied (901:10-2-16)

- Liquid
- Solid
- Both
  - Percent of Liquid Manure Applied
  - Percent of Solid Manure Applied

Comments

Commercial Fertilizer

Is Commercial Fertilizer Used? (901:10-2-16)

Yes or No

Comments
MANURE DISPOSAL – Continued

Amount of Commercial Fertilizer Used? (901:10-2-16)

Yes or No

Comments

If Liquid Manure is Applied, are Drain Plugs being Used? (901:10-2-16)

Yes or No

Comments

If Liquid Manure is Applied are Observations of Subsurface Drains Properly Recorded in the Operating Record? (901:10-2-16)

Yes or No

Comments

Is a Soil Survey Recorded in the Operating Record for Each Site? (901:10-2-16)

Yes or No

Comments

Is Soil Characterization Properly Recorded in the Operating Record for Each Site? (901:10-2-13, 901:10-2-16)

Yes or No

Comments
MANURE DISPOSAL – Continued

Vegetative Cover

Is there Evidence of Documented Use of Vegetative Cover to Protect Stream Channels?

| Yes | or | No |

Comments

__________________________________________________________________________

__________________________________________________________________________

Is the Vegetative Cover Properly Recorded in the Operating Record? (901:10-2-16)

| Yes | or | No |

Comments

__________________________________________________________________________

__________________________________________________________________________

Is the Cropping Schedule for Each Site Including Past Year and Present Year Properly Recorded in the Operating Record? (901:10-2-16)

| Yes | or | No |

Comments

__________________________________________________________________________

__________________________________________________________________________

Is the Target Yield for Each Site Properly Recorded in the Operating Record? (901:10-2-16)

| Yes | or | No |

Comments

__________________________________________________________________________

__________________________________________________________________________
MANURE DISPOSAL – Continued

Is the Actual Yield for Each Site Properly Recorded in the Operating Record? (901:10-2-16)

Yes or No

Comments

Are the Nitrogen Leaching Index Results or Equivalent for each site Properly Recorded in the Operating Record? (901:10-2-16)

Yes or No

Comments

Is the Number of Years to Reach Bray P1 or Equivalent for each site Properly Recorded in the Operating Record? (901:10-2-16)

Yes or No

Comments

Is the Date of Each Application for Each Site Properly Recorded in the Operating Record? (901:10-2-16)

Yes or No

Comments
MANURE DISPOSAL – Continued

Are Records Maintained on Storage Capacity or Manure Volume? (901:10-2-16)

Yes or No

Comments

Are the Date, Rate, Quantity and Method of Application of the Nutrient, and/or Form and Source of Manure, Commercial Fertilizer, and/or Other Organic by-Products Properly Recorded in the Operating Record? (901:10-2-16)

Yes or No

Comments

Are There Records in the operating record on Soil Conditions at Times of Application such as Soil Cracks? (901:10-2-16)

Yes or No

Comments

Are There Records of General Weather Conditions and Temperature in the Operating Record When Manure is Land Applied? (901:10-2-16)

Yes or No

Comments
**MANURE DISPOSAL – Continued**

**Is the Nutrient Budget Up-to-Date and Properly Recorded in the Operating Record?** (901:10-2-09)

<table>
<thead>
<tr>
<th>Yes</th>
<th>or</th>
<th>No</th>
</tr>
</thead>
</table>

Comments

**Are Setbacks Maintained and Properly Recorded in the Operating Record?** (901:10-2-16)

<table>
<thead>
<tr>
<th>Yes</th>
<th>or</th>
<th>No</th>
</tr>
</thead>
</table>

Comments
VI. OPERATING RECORD - GENERAL

Are all Operating Records Up to Date? (901:10-2-08, 901:10-2-16)

Yes or No

Comments

Are all Operating Records Available for Review by the Inspector? (901:10-2-08, 901:10-2-16)

Yes or No

Comments

Is a Copy of the PTI, PTO and/or NPDES Permit with the Operating Record or Located in the Site Office? (901:10-2-08, 901:10-2-16)

Yes or No

Comments

Does the Operating Record Contain Inspection Sheets With Space to Record the Time and Date of Inspections of Pest/Rodent Populations or Pest/Rodent Activities? (901:10-2-08, 901:10-2-16)

Yes or No

Comments
OPERATING RECORD – GENERAL – Continued

Have the Operating Records been Retained by the Owner or Operator for Minimum of Five Years? (901:10-2-08, 901:10-2-16)

Yes or No

Comments

________________________________________________________________________
________________________________________________________________________
VII. INSECT AND RODENT CONTROL

Is the Insect and Rodent Control Plan Up-to-Date and Properly Recorded in the Operating Record? (901:10-2-19) 

Yes or No

Comments

Is the Insect and Rodent Control Plan Properly Implemented by the Owner or Operator or Manager?

Yes or No

Comments

Does the Insect and Rodent Control Plan Describe the Inspection Frequency to Examine Pest's Populations and Pest Activities?

Yes or No

Comments

Are These Inspections Properly Recorded in the Operating Record? (901:10-2-19)

Yes or No

Comments
Are There Inspection Records Properly Recorded in the Operating Record on Insect and Rodent Mortality? (901:10-2-19)

- Yes or No

Comments

---

Does the Operating Record Contain Data of Insect and Rodent Mortality?

- Yes or No

Comments

---

Is There Good Housekeeping and Maintenance Cleaning Equipment Available: (901:10-2-19) (check all that apply)

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Poor</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feed System</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Storage Areas</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walkways or Walk Areas Inside the Building</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walkways or Walk Areas Outside the Building</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feed Alleys</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemicals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screens</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ventilation Systems, i.e. Fans</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Are the Watering Systems Free of Leaks and in Good Working Order?

Yes or No

Comments

____________________________________________________________________

____________________________________________________________________

Is Proper Maintenance of the Watering System Properly Recorded in the Operating Record? (901:10-2-19)

Yes or No

Comments

____________________________________________________________________

____________________________________________________________________

Are the Proper Baits in Use? Are Chemicals Properly Stored, Used and Maintained? (901:10-2-19)

Yes or No

Comments

____________________________________________________________________

____________________________________________________________________
VIII. SUMMARY

Were the Results of the Inspection Discussed with Either the Owner, Operator, Manager, Representative or Livestock Manager?

Yes or No

> Comments
> If no, the results will be sent to either the Owner, Operator, Manager, Representative, or Livestock Manager within fourteen days.

Recommendations for Further Actions

________________________________________________________________________
________________________________________________________________________

"I certify that this information was reviewed by the inspector and/or the owner, operator, manager, representative, or livestock manager of the facility."

Signature of Owner, Operator, Manager, Representative or Livestock Manager

_________________________  Date

Signature of Inspector

_________________________  Date
**IX. FOR OFFICE USE ONLY**

For Office Use Only:

Items used during inspection: (check all that apply)
- Camera
- Film
- Biosecurity Suit
- Hairnet
- Gloves
- Boots
- Testing containers
- Other
- Other

Comments:

________________________________________
________________________________________
________________________________________