



Livestock Carcasses: Application for Disposal without a Permit

Disposal Without a Permit Authorized by K.S.A. 65-3407c(a)(5)

NOTE: This applies to whole, unprocessed livestock carcasses. Disposal may not begin until approved in writing by the Kansas Dept. of Health and Environment.

Applicant Information

Organization name _____

Contact name (printed) _____

Position/Title _____

Mailing address _____

Phone _____ E-mail _____

Waste and Disposal Information

Type of carcasses _____

Amount of carcasses _____

How were carcasses generated? _____

Date disposal will begin _____ Projected date disposal will end _____

Disposal Site Information

Is this a pre-selected disposal site? Yes No If "Yes", provide Feedlot Identification Number _____

County _____ Legal description ¼ _____ ¼ _____ Sec _____ Twp _____ Range _____

Disposal site address _____

Property owner: Same as applicant and applicant contact. *[If not the same, complete the following.]*

Property owner _____

Contact name (printed) _____

Position/Title _____

Mailing address _____

Phone _____ E-mail _____

Additional and/or Follow-up Responsibilities *[if initialed by a Kansas Department of Health and Environment (KDHE) and/or Kansas Department of Agriculture (KDA) representative]:*

_____ DISPOSAL SITE PROPERTY OWNER: Within 30 days of site closure, prepare and file a restrictive covenant with the County Register of Deeds. Submit a copy of the filed restrictive covenant to KDHE* within 30 days of filing. A restrictive covenant form is available on the KDHE Bureau of Waste Management website (Form DS130).

_____ APPLICANT: Within 60 days of site closure, submit to KDHE* the following: (1) an "as-built" sketch or aerial photo (e.g., Google Earth) of the site, showing the location and dimensions of the disposal pit, property lines, and nearby structures, roads, water bodies, etc; and (2) plans to maintain the site.

_____ APPLICANT: Comply with all additional requirements specified by the KDA-Division of Animal Health (DAH).

* Submit all follow-up information to KDHE by mail to the address below or by email to kdhe.bwmweb@ks.gov

Applicant Certification

[Individual or Organization Name (printed)] _____ agrees to the following:

1. Proper procedures will be followed to minimize threats to human health and the environment.
2. The exact location and design of the disposal unit will be determined in coordination with KDHE.
3. The carcasses disposed of will only be carcasses described in this application (unless approved in writing by KDHE).
4. No carcasses may be brought to the site after the approved disposal period (unless approved in writing by KDHE).
5. After disposal is complete, the disposal area will be covered with at least of 3 feet of soil and seeded, rocked, or paved (unless otherwise approved in writing by KDHE). The final grades for the area will: be compatible with and not detract from the appearance of adjacent properties; facilitate drainage from the area; and prevent ponding of water.
6. The applicant will comply with all required applicant follow-up responsibilities, as specified on page 1.

SIGNATURE _____ DATE _____

Same as applicant contact on page 1. [If not the same, complete the following.]

Name (printed) _____ Position/Title _____

Phone _____ E-mail _____

Disposal Site Property Owner Approval and Certification [If the property owner is the applicant, please sign again.]

[Individual or Organization Name (printed)] _____ agrees to the following:

1. This property may be used for disposal as described in this document.
2. The applicant may access the site as necessary to operate and close the disposal site.
3. The property owner will comply with all required property owner follow-up responsibilities, as specified on page 1.

SIGNATURE _____ DATE _____

Same as property owner or property owner contact on page 1. [If not the same, complete the following.]

Name (printed) _____ Position/Title _____

Phone _____ E-mail _____

Local Government or Zoning Authority Approval

(Local Gov/Zoning Auth) _____ approves disposal as described in this document.

SIGNATURE _____ DATE _____

Name (printed) _____ Position/Title _____

Phone _____ E-mail _____

KDA-DAH Authorized Representative Approval [if animals died of disease]

SIGNATURE _____ DATE _____

Name (printed) _____ Position/Title _____

Phone _____ E-mail _____

Comment _____

KDHE Authorized Representative Approval

Approved disposal period _____

SIGNATURE _____ DATE _____

Name (printed) _____ Position/Title _____

Phone _____ E-mail _____

Comment _____