

Livestock Mortality Management Plan - Supplement

Name of Operation & Address (please print)

City State Zip Code
Phone No. _____

IIS No. _____ (if known)

For NDEE use

Indicate your primary and secondary means of carcass disposal.

Burial Render Compost Incinerate Landfill

Primary _____

Secondary _____

Is temporary on-site storage used? Yes No

If yes indicate the means to control runoff from the temporary storage area:

- Area controlled by Livestock Waste Control Facility: yes no
- Carcasses containerized or covered (tarp): yes no
- Storage area controlled by berms or diversion: yes no
- If controlled by other means or practices please

describe: _____

Attach an aerial photo or site map showing the location and extent of temporary storage areas, burial sites or compost sites.

Disposal of animal carcasses in the Livestock Waste Control Facility is prohibited.

Additional information on mortality management is available through Nebraska Department of Agriculture.

**Printed or typed name of Authorized representative*

**Signature of Authorized Representative:*

Date: _____

**Signature not required if supplement submitted within a complete application*