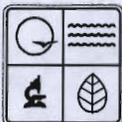


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AUG 18 2016



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM

**FORM W - CONCENTRATED ANIMAL FEEDING OPERATION
(CAFO) OPERATING PERMIT APPLICATION**

Water Protection Program

FOR OFFICE USE ONLY

CHECK NUMBER **1369**
DATE RECEIVED **8-18-16** FEE SUBMITTED **\$100.00**

Complete all applicable sections for type of permit being applied for. Instructions for completing the form are located at the end of the form. Sign, date and return the form and all requested documents along with a check for \$150 payable to the Missouri Department of Natural Resources. Make a copy of this completed form and keep it with your Nutrient Management Plan.

PART 1 - PERMIT OWNERSHIP/CONTACT INFORMATION

1.1 OPERATION NAME Z4 Sow Farm		CURRENT PERMIT NUMBER MO-G010664	COUNTY Carroll
PHYSICAL ADDRESS 30750 CR 180		TELEPHONE NUMBER WITH AREA CODE (660)886-9681	
CITY Bosworth	STATE MO	ZIP CODE 64623	
1.2 OWNER (PROVIDE LEGAL NAME) United Hog Systems, LLC		E-MAIL ADDRESS robertzeysing@rzeysing.com	
MAILING ADDRESS P.O. Box 158		TELEPHONE NUMBER WITH AREA CODE (660)886-9681	
CITY Marshall	STATE MO	ZIP CODE 65340	
1.3 CONTINUING AUTHORITY (IF DIFFERENT THAN THE OWNER) Same			
MAILING ADDRESS		TELEPHONE NUMBER WITH AREA CODE	
CITY	STATE	ZIP CODE	

PART 2 - PERMIT TYPE, ACTION, AND NUTRIENT MANAGEMENT PLAN (NMP)

<p>2.1 PERMIT TYPE</p> <p><input type="checkbox"/> NPDES Permit NMP is required to be submitted with application. (Must also complete Land Application Information page)</p> <p><input checked="" type="checkbox"/> State No-Discharge Permit NMP is not required to be submitted. The date soil tests were taken that was used in development of the NMP. (Month/Year)</p>	<p>2.2 Permit Action</p> <p><input type="checkbox"/> New Permit <input type="checkbox"/> Renewal</p> <p><input checked="" type="checkbox"/> Modification (including Ownership Transfer)</p> <p>Previous Owner _____</p> <p style="text-align: right;">Name</p> <p>_____</p> <p style="text-align: right;">Address</p> <p>_____</p> <p style="text-align: right;">City, State, Zip Code</p> <p>_____</p> <p style="text-align: right;">Previous Owner's Signature Date</p>
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PART 3 - DESIGN CAPACITY FOR MANURE STORAGE AND ANIMALS OF EACH CAFO FEATURE (All information to complete this section is in your current operating or construction permit. Attach additional sheets if necessary)

3.1 STORAGE STRUCTURE TYPES, AMOUNT OF STORAGE, AND AMOUNT OF MANURE GENERATED PER YEAR.

CAFO Feature	List All Manure Storage Structures at each CAFO Feature Storage Structure Type(s)	Dry Manure Handling System		Wet Manure Handling System			
		Design Dry Process Waste (tons/yr.)	Days of Storage	Total Storage Capacity (gal)	Design Wastewater per Year (gal./yr.)	Days of Storage	Design Flow MGD
001	E			9,447,232	5,964,977	578	.016
002	A			411,026	835,441	179	.0015
003	G	52	>365				
004							
005							

3.2 LIST EACH TYPE OF ANIMAL IN CONFINEMENT AND THE NUMBER OF EACH ANIMAL TYPE.

CAFO Feature	Animal Category #1	Animal Numbers	Animal Category #2	Animal Numbers	Animal Category #3	Animal Numbers
001	4	440	5	5550		
002	4	6000				
003						
004						
005						

PART 4 - OPERATIONAL INFORMATION

4.1 OPERATIONAL INFORMATION (SEE INSTRUCTIONS)
SIC Code(s) **213** CAFO Class Size **IC**

4.2 Is this an "Export Only" operation? Yes No

4.3 Are spreading agreements current? Yes No Not Applicable