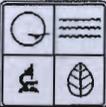


RECEIVED

SEP 12 2016



MISSOURI DEPARTMENT OF NATURAL RESOURCES Water Protection Program
 WATER PROTECTION PROGRAM
**FORM W - CONCENTRATED ANIMAL FEEDING OPERATION
 (CAFO) OPERATING PERMIT APPLICATION**

FOR OFFICE USE ONLY	
CHECK NUMBER:	1181
DATE RECEIVED:	9-12-16
FEE SUBMITTED:	\$150.00 RB

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 the appropriate permit fee 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 AND CONTACT INFORMATION

1.1 OPERATION NAME 3116 MATTINGLY FARMS	CURRENT PERMIT NUMBER MO-	COUNTY NEWTON
PHYSICAL ADDRESS 25618 STATE HIGHWAY 60	LEGAL DESCRIPTION Sec.: 35 Twn.: 26N Rng.: 30W	TELEPHONE NUMBER WITH AREA CODE 417-350-6833
CITY STARK CITY	STATE MO	ZIP CODE 64866
1.2 OWNER (PROVIDE LEGAL NAME) JACK AND ALISSA MATTINGLY	EMAIL ADDRESS	
MAILING ADDRESS 25618 STATE HIGHWAY 60	TELEPHONE NUMBER WITH AREA CODE 417-350-6833	
CITY STARK CITY	STATE MO	ZIP CODE 64866
1.3 CONTINUING AUTHORITY (IF DIFFERENT THAN THE OWNER)		
MAILING ADDRESS		TELEPHONE NUMBER WITH AREA CODE
CITY	STATE	ZIP CODE

PART 2 - PERMIT TYPE AND PERMIT ACTION

2.1 PERMIT TYPE <input type="checkbox"/> NPDES Site Specific Permit Request review of draft permit prior to public notice. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NPDES General Permit (MOG01) <input type="checkbox"/> State No-Discharge General Permit (MOGS1)	2.2 PERMIT ACTION* <input checked="" type="checkbox"/> New Permit <input type="checkbox"/> Renewal <input type="checkbox"/> Modification <input type="checkbox"/> Ownership Transfer _____ PREVIOUS OWNERS NAME _____ ADDRESS _____ CITY STATE ZIP CODE _____ SIGNATURE DATE
--	--

*See instructions for additional requirements and documents for the request permit action.

PART 3 - DESIGN CAPACITY FOR MANURE STORAGE AND ANIMALS OF EACH CAFO FEATURE

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

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
001	E	2067	365			
002	G	246	365			
003						
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	10	372,056				
002						
003						
004						
005						

PART 4 - OPERATIONAL INFORMATION

4.1 OPERATIONAL INFORMATION (SEE INSTRUCTIONS)
 SIC Code(s) **0251** CAFO Class Size **1C**

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

Completing PARTS 5 - 11 will meet the requirements of a Nutrient Management Plan (NMP) for an export only operation.

PART 5 - MANURE STORAGE	
5.1 Do all manure storage structures have adequate storage, and operated and maintained as no discharge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PART 6 - ANIMAL MORTALITY	
6.1 PERMANENT METHOD OF DISPOSING OF ROUTINE ANIMAL MORTALITIES. <input checked="" type="checkbox"/> Composting <input checked="" type="checkbox"/> Rendering <input type="checkbox"/> Send to a Landfill <input type="checkbox"/> Incineration <input type="checkbox"/> Other (Describe)	
6.2 DESCRIBE METHOD OF MORTALITY HANDLING AND STORAGE THROUGH ALL PHASES TO FINAL DISPOSAL. (EXAMPLE: MORTALITIES ARE COMPOSTED WITHIN 24 HOURS OF DEATH AND FINISHED COMPOST PRODUCT IS STORED UNDER ROOF UNTIL LAND APPLIED). ALSO DESCRIBE THE TYPE OF COMPOST STRUCTURE USED, IF APPLICABLE. <i>MORTALITIES ARE COMPOSTED WITHIN 24 HOURS OF DEATH AND FINISHED COMPOST IS STORED UNDER ROOF UNTIL HAULED OFF. COMPOSTING PROCESS IS DONE IN A APPROVED STRUCTURE DESIGNED FOR USE.</i>	
PART 7 - DIVERSION OF CLEAN WATER	
7.1 Is clean storm water diverted from the production area? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7.2 IF YES, DESCRIBE CONTROLS AND MEASURES USED TO DIVERT STORM WATER. <i>POULTRY HOUSES ARE ROOFED. THE AREA SURROUNDING THE POULTRY HOUSES ARE PROPERLY GRADED TO ENSURE POSITIVE DRAINAGE AWAY FROM HOUSES. NO STORM WATER ENTERS THE POULTRY HOUSES.</i>	
7.3 IF NO, DESCRIBE HOW CONTAMINATED STORMWATER IS CONTAINED AND INCLUDE THE STORAGE CAPACITY OF THE CONTAINMENT IF NOT PREVIOUSLY PROVIDED.	
PART 8 - PREVENT DIRECT CONTACT OF ANIMALS WITH SURFACE WATERS	
8.1 Do the animals have access to waters of the state within the production area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8.2 LIST MEASURES USED TO PREVENT CONFINED ANIMAL FROM HAVING DIRECT CONTACT WITH WATERS OF THE STATE. <i>BIRDS ARE CONFINED IN EACH HOUSE FOR THE ENTIRE DURATION OF GROWTH CYCLE.</i>	
PART 9 - CHEMICAL HANDLING	
9.1 Check the appropriate boxed below to indicate method for handling and disposal of chemicals used by the operation: <input checked="" type="checkbox"/> Chemicals are stored, handled, and disposed of according to manufacturer labels. <input checked="" type="checkbox"/> Chemical storage and handling areas are protected from precipitation and runoff, and any spillage is contained within these areas. <input checked="" type="checkbox"/> Emergency procedures and equipment are in place to contain and clean up chemical spills. <input checked="" type="checkbox"/> Equipment wash areas are designed and constructed to prevent contamination of surface waters. <input checked="" type="checkbox"/> No chemicals are stored or handled in the production area.	
PART 10 - MANURE ANALYSIS TESTING	
10.1 LIST EACH TYPE OF MANURE SOURCE. (i. e. MANURE, LITTER, COMPOST, WASTE WATER.) <i>LITTER & COMPOST</i>	
10.2 DESCRIBE PROCEDURES FOR ENSURING EACH MANURE SOURCE IS TESTED ANNUALLY. <i>REQUIRED BY PERMIT. RECORDS ARE KEPT TO INSURE YEARLY COMPLIANCE.</i>	
PART 11 - RECORD KEEPING	
11.1 Are records of all inspections, manure transfers, discharges and land application maintained? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PART 12 - SIGNATURE	
NAME <i>Jack Mattingly</i>	TITLE <i>owner</i>
SIGNATURE <i>J Mattingly</i>	DATE <i>9-1-16</i>
Part 13 - Engineer Certification	
House Bill (HB) 28, which became effective on August 28, 2013 contained provisions that changed construction permitting requirements. Construction permits are required for the construction of an earthen storage structure to hold, convey, contain, store, or treat domestic, agricultural, or industrial process wastewater. Construction of all other point source systems designed to hold, convey, contain, store, or treat domestic, agricultural, or industrial process waste must be designed by a professional engineer registered in Missouri in accordance with design regulations.	
Operation Name <i>3116 MATTINGLY FARMS</i> Address <i>25618 STATE HIGHWAY 60</i> City <i>STARBUCK CITY, MO 64866</i>	Engineer Firm <i>ANDERSON ENGINEERING, INC.</i> Address <i>218 5th ST.</i> City State Zip Code <i>MONETT, MO 65708</i>
I, Project Engineer certify that above described systems have been designed in accordance with Missouri CAFO design regulations in 10 CSR 20-8.300 <i>Kevin Ray Sprenkle 8/29/16</i> PROJECT ENGINEER SIGNATURE	ENGINEER SEAL 

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INSTRUCTIONS

PART 1 - PERMIT OWNERSHIP AND CONTACT INFORMATION

- 1.1 General location and contact information for the operation. Do not use P.O. Box or RR as physical address of the operation.
- 1.2 Provide the name of the legal entity that owns or operates the CAFO facility.
- 1.3 List the Continuing Authority, if it is the same as the Owner enter "Same as above". The Continuing Authority is the permanent organization or party, responsible for operation and maintenance of the CAFO. All corporate entities are to be listed with the Secretary of State's web site.

PART 2 - PERMIT TYPE

- 2.1 Check only one box. Indicate which permit you are applying for. EPA regulations require CAFO's that discharge to obtain a NPDES (general or site specific) permit. State Regulations require all Class I CAFO's that do not seek coverage under a NPDES permit to obtain a State No-Discharge General Permit.
- 2.2 Indicate which type of permit action is being requested. Application for NPDES permit must also complete Land Application Information Table.

Applications for new permits or permit modification the following additional documents must be submitted:

Title page of engineering documents or similar document. This must include name and address of the operation, date prepared, name and address of firm preparing the report, seal and signature of the engineer, and a statement indicating the project was designed in accordance with 10 CSR 20-8.300.

Narrative project summary. This shall include the number of confinement buildings, the design capacity in animal units and animal numbers for each type of animal, and an explanation of the manure management system and any proposed modifications.

Calculations showing the amount of manure generated annually, storage volume calculations and days of storage of all manure storage structures, including mortality composter.

An aerial and topographic map showing the extent of the production area including all confinement buildings, open lots, manure storage structures surface water and areas subject to a one hundred year flood event within or adjacent to the production area, and production area setback distances in accordance with 10 CSR 20-8.300(5)(B).

Nutrient Management Plan. NPDES permit applications for a new or modified permit shall include the operations nutrient management plan. For State no-discharge permit applications for a new permit shall include the operations nutrient management plan. If the operation is export only, completing Parts 5-11 meets this requirement.

Class I CAFOs shall also include proof of neighbor notice to all parties listed in 10 CSR 20-6.300(3)(C)2, maps that meets the requirement of 10 CSR 20-6.300(3)(C)4.

Applications for renewal of a NPDES permit shall include the NMP.

Ownership transfers must have previous owner name, address and signature.

PART 3 – DESIGN CAPACITY FOR MANURE STORAGE AND ANIMALS OF EACH CAFO FEATURE

Some of this information can be obtained from your current operating permit or construction permit if one was required.

- 3.1 From the table below enter the code for each storage structure type for a new permit. For renewal or modification enter the code for each storage structure type for each CAFO Feature listed on the permit. If there are multiple storage types at a CAFO Feature, use a comma to separate the code and days of storage. The Design Liquid Flow is only needed for NPDES permits, to calculate, divide the Design Wastewater per year by 365, and then divide by one million. (e.g. for a Design Wastewater per Year of 5,000,000 gal., $5,000,000 \div 365 = 13,698.6$ gal/day, then $13,698.6 \div 1,000,000 = .0136986$ MGD). Attach additional sheets if necessary.

Code	Storage Structure Type	Code	Storage Structure Type
A	Above Ground Storage Tank	F	Roofed Storage Shed
B	Below Ground Storage Tank	G	Mortality Composter
C	Underfloor (Deep) Pits	H	Anaerobic Digester
D	Storage Lagoon	I	Concrete Pad
E	Anaerobic Lagoon	J	Impervious Soil Pad

- 3.2 Per instructions in 3.1, enter the code from the table below for each animal category and the number of each animal type in confinement. Do not include animals in pasture.

Code	Animal Category	Code	Animal Category
1	Beef/feeder cattle, veal calves, cow/calf pairs, dairy heifers	7	Chicken laying hens and broilers with wet handling system
2	Horses	8	Chicken laying hens without wet handling system
3	Mature Dairy cows	9	Turkeys in growout phase
4	Swine under 55 lbs.	10	Chicken broilers, pullets and turkey poults in brood phase all without wet handling system
5	Swine over 55 lbs.		
6	Sheep, lambs, meat & dairy goats	11	Other (specify) Contact the Water Protection Program for Animal Equivalent Units and SIC Codes for other animal types.

PART 4 – OPERATIONAL INFORMATION

4.1 **SIC Code** - Enter SIC codes from table below in decreasing order by animal units, for each animal type in confinement. **CAFO Class Size.** Enter CAFO Class Size based on Animal Units (AU).

1 AU = ¹	Animal Category	SIC Code	1 AU = ¹	Animal Category	SIC Code	1 AU = ¹	Animal Category	SIC Code
1	Beef/feeder cattle	0211	0.7	Mature Dairy Cows	0241	55	Turkey/Turkey layers ²	0253
2.5	Hogs	0213	125	Broilers/Pullets ²	0251/0252	125	Poultry hatcheries ²	0254
10	Sheep, goats	0214	82	Chicken layers ²	0252	0.5	Horses	0272

¹ Animal unit conversion factor.

² Animal unit conversion factor is for dry manure handling system only

4.2 Indicate if this is an export only operation. If any amount of manure litter, and process wastewater is land applied on land owned, leased or controlled by the CAFO's owner, then it is not an export only operation.

PART 5 – MANURE STORAGE

State regulations require CAFOs ensure adequate storage of manure, litter, or process waste water, including the proper operation and maintenance of each storage facility.

PART 6 - ANIMAL MORTALITY

State regulations require proper management of animal mortalities at all CAFOs and there be no discharge from dead animal collection, holding, or disposal areas at the CAFO's production area(s). In addition, the Missouri Department of Agriculture requires the collection or disposal of dead animals in accordance with the Dead Animal Disposal Law under Chapter 269 RSMo.

PART 7 - DIVERSION OF CLEAN WATER

State regulations require CAFOs to divert clean storm water, as appropriate, around the production area. If clean storm water enters the production area it is considered contaminated and cannot be discharged from the production area.

PART 8 - PREVENT DIRECT CONTACT OF ANIMALS WITH SURFACE WATERS

State regulations require that CAFOs prevent the direct contact of confined animals with waters of the state.

PART 9 - CHEMICAL HANDLING

State regulations require chemicals and other contaminants handled on-site not be disposed of in any manure, litter, process wastewater, stormwater storage or treatment system unless specifically designed to treat such chemicals and other contaminants.

PART 10 - MANURE ANALYSIS TESTING

State regulations require that each unique source of manure be tested annually for nutrient content.

PART 11 – RECORD KEEPING

State regulations require specific records to be maintained and kept for five (5) years.

PART 12 – SIGNATURE

Sign and date the application and submit to the department.

PART 13 – ENGINEER CERTIFICATION

This section may be completed by the project engineer to certify that the project was designed according to state design regulations.

LAND APPLICATION INFORMATION TABLE (REQUIRED FOR NPDES PERMITS ONLY)

Attach additional sheets if necessary.

Field Name – Enter the name of each land application field in the NMP.

Legal Description – Enter section, township and range in which majority of the field is located in.

Spreadable Acres – Enter the spreadable acres for each field.

P Loss Risk - Enter either Soil Test P rating or P Loss Index rating for each field.

N or P based Application - Indicate if the field is N or P based application rate.

Crop – Enter all crops that are planned to be grown and any alternative crops that might be grown for each field. Alternative crops with planned yield and application rates must be included in your NMP. If more than five crops are to be listed, continue on next line.

Yield Goal – Enter realistic yield goal for each crop.

Return the application form along with permit fee and other documents, to the address below. If there are any questions concerning this form or permits, contact the Industrial Permit Unit at the Water Protection Program at 573-751-1300 or at waterag@dnr.mo.gov

Water Missouri Department of Natural Resources
 Water Protection Program
 P.O. Box 176
 Jefferson City, MO 65102

POULTRY OPERATION SYSTEM PLAN

For

3:16 Mattingly Farms

Jack and Alissa Mattingly

Broiler Operation

25618 State Highway 60, Stark City, MO 64866

417-350-6833

Newton County

FACILITIES:

This system is to manage the wastes from a Broiler Growout facility consisting of 8 broiler houses with 1 dead bird composter and stacking shed. Mortalities will be composted in a roofed composter with impermeable concrete floors.

Two water supply wells provide for the poultry facility.

PRODUCTION:

This system will manage the waste from a broiler operation that has 8 houses with a total capacity of 372,056 birds. Annual production will be 6.5 flocks with approximately 12 days in between flocks. Flock life is approximately 6 weeks. Average weight is estimated at 1.90 lb./bird. Average daily litter production (manure and bedding) is estimated at 0.63 cu.ft. per 1000 pounds of animal capacity or 2,067 tons annually. Bedding used is rice hulls and or wood shavings. At 34 lb./cu.ft., volume of manure and bedding is approximately 121,581 cu.ft. annually. Houses are cleaned out about every 52 weeks. Cake material is removed after every flock. No washwater or other freshwater enters the waste management system.

Death losses are expected to average 4.0% for each flock, or about 83.9 tons of carcasses annually. Loss percentage is average for industry.

COLLECTION:

Birds are confined in buildings at all times. Waterers are dry nipple type so litter remains dry. Buildings have compacted earth floors. Litter accumulates fairly uniformly on floors. All manure and litter from the operation is collected in the houses.

Dead birds will be removed daily to the composting facility.

STORAGE/TREATMENT:

Litter will be stored inside the houses between cleanouts. Storage period is approximately 365 days. Storage volume for this period will be approximately **189,750** cu.ft, which far exceeds the annual litter and manure production of **121,581** cu. ft. Areas around houses are graded so all storm water drains away from houses. An additional runoff barrier is provided by one-foot concrete stem walls which hold wall trusses. Some decomposition takes place during storage due to composting action which reduces volume to some extent. Litter will not be stored outside of houses where exposed to rainfall.

New Houses ((55'*575') 0.75)8 = 189,750' Total

Separation Distances: (ft.)

	<u>Storage</u>	<u>Required Buffer Distances</u>
Property Line	100	50
Well	125	100
Permanent Stream	N/A	100
Intermittent Stream	N/A	100
Losing Stream	N/A	300
Abandoned Mines	N/A	300
Non-owned Dwelling	1015	1000
State/County Roads	730	100

Dead bird carcasses will be composted according to recommended guidelines. After the composting process is completed, the compost will be stored in the facility until exported.

TRANSPORT:

Waste (litter and/or compost) will be hauled to soil plant filter in spreader trucks owned by a custom operator or the producer. Spreader trucks commonly used haul 6 to 8 tons of litter or from 350 to 450 cu.ft. per load. Litter is removed from houses with a loader and placed in spreader trucks for land application.

UTILIZATION:

Houses will be cleaned once per year. Normally, houses will be cleaned in March or April. Small amounts of caked litter are sometimes removed from houses between flocks during the winter. This "cake" will be stored in stacking shed for export.

The minimum acreage required for safe litter utilization under DNR's conservative management approach is **1060.4** acres. **The operation will export all litter and compost.** Records of litter sold will be kept using DNR log sheets and kept on the farm.

Litter will normally be applied using a conservative rate. The area needed for safe application of the litter may be changed depending on crop needs and/or laboratory analysis of the litter. Levels of nitrogen and phosphorous in the soil-plant filter area should be periodically monitored by soil testing.

Soils in this area generally have low potential for leaching to a usable, pumpable aquifer.

The spreadable acres needed is calculated by considering that Litter will not be spread on slopes steeper than 12%; within 50 feet of any public road, inhabited dwelling; within 100ft of lakes, permanent flowing streams, privately owned impoundments not used as a water supply, intermittent flowing streams, property lines; or within 300 feet of any sinkholes, losing streams, caves, abandoned wells, water supply wells, or impoundments. Litter will not be applied on flooded, saturated, ice covered or frozen soil. It may be applied when soils are in daily freeze/thaw cycles in the spring.

For proper utilization of the nutrients contained in litter, it must be tested for nutrient content and applied according to soil test recommendations for the crops to be grown. Litter should be analyzed at each cleanout, and soil tests should be conducted every three years. The conservative management approach and acreage amounts detailed above are based on Nitrogen only. Phosphorus levels in the soils will likely increase with several years of litter application using a nitrogen based approach. When phosphorus levels test high on standard soil tests, litter should only be applied to meet crop removal needs for phosphorus, as no further buildup is recommended. If phosphorus tests "very high" or "excess", no litter or commercial phosphate fertilizer should be applied.

As soil and litter test results from this operation become available, a comprehensive nutrient management plan will be developed.

Based upon RUSLE calculations, soil loss is within tolerable limits, therefore; no further conservation practices are needed to reduce soil loss on land application fields.

OPERATION AND MAINTENANCE:

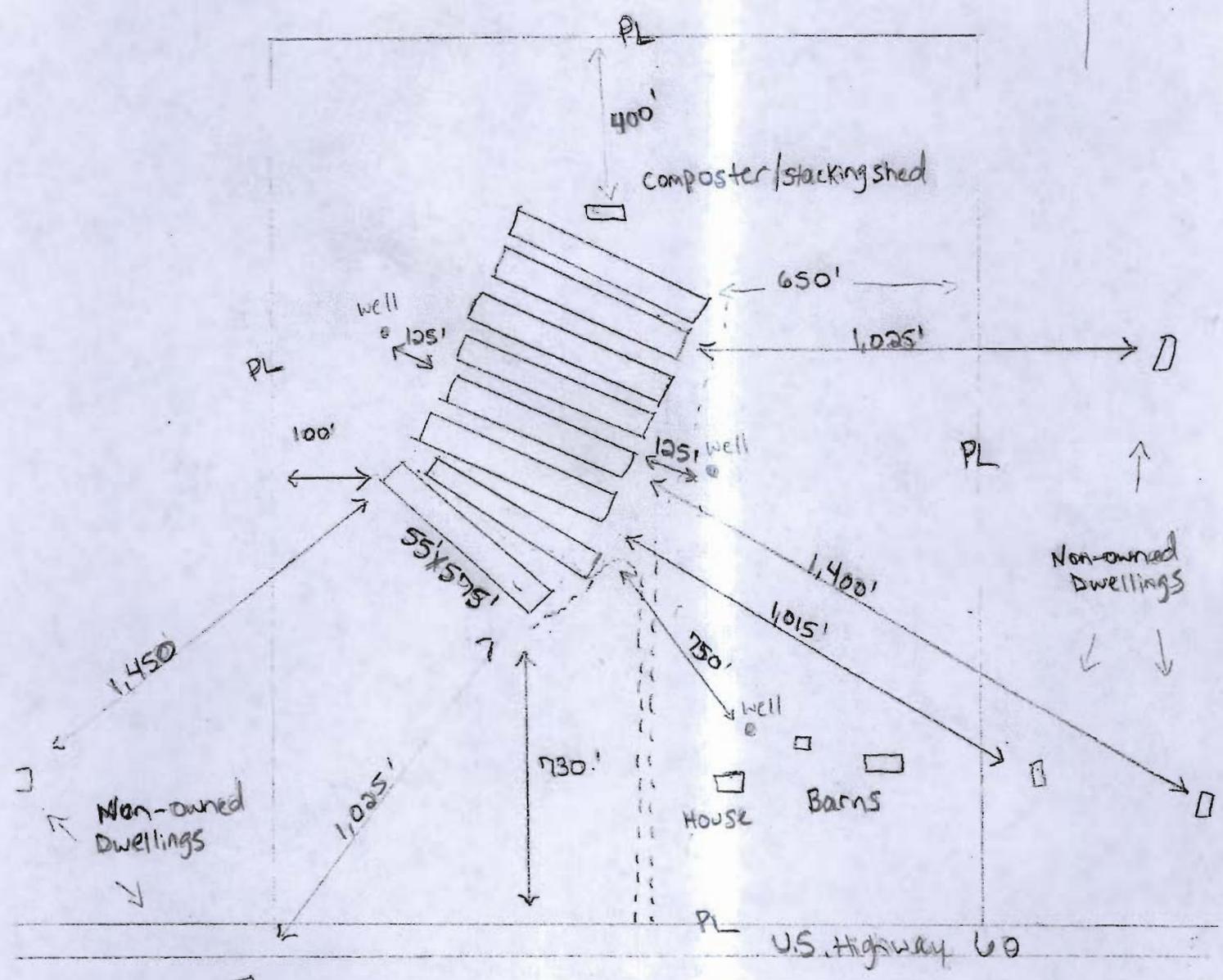
The owner of the poultry farm is responsible for safe operation and maintenance of this nutrient management system. Concerns include health of the poultry flock as well as safety in the

environment. Poultry companies, through their fieldmen, may also have policies or recommendations concerning operations. The owner is responsible for safe management and application of his or her litter, even though some or all of it may be sold and applied on land not under his or her direct control. It is essential that records be kept of all litter applied and litter sold. Records will include name of person sold to, date, field number of application, volume and tons/acre, acres, and type of cover or forage crop. These records must be kept at the facility. Attached is a DNR Poultry Manure Spreading Record sheet that will be used.

Operation of the composter will be in accordance with NRCS and/or University of Missouri recommendations. Monitoring of temperatures is essential to proper operation of the composter. A dial thermometer with 36" probe may be the most practical method of checking temperatures. **Temperatures of 140 to 150 degrees should be reached in primary and secondary bins.** Temperatures higher than this should be watched carefully as spontaneous combustion and fires can result. Careful observation of the composting process will help develop skill in mixing proportions, moisture content and bird placement for best carcass breakdown.

If chemicals are to be used on this facility, they will be stored in proper containers. Expired chemicals and empty containers will be properly disposed of in accordance with state and federal regulations. Chemical storage areas will be self-contained with no drains or other pathways that will allow spilled chemicals to exit the storage area.

I certify all information provided is correct and accurate to the best of my knowledge.



NOTE: SEE SITE
DIMENSION PLAN
FOR 1000' & 1500'
BUFFER MAP

Jack + Alissa Mattingly
General Layout Drawing
6/2/16
NOT TO SCALE

Dear Landowner:

This letter is being sent to you pursuant to Department of Natural Resources (DNR) regulations for new animal feeding operations. House Bill 1207 established opportunity for nearby landowners to comment on proposed animal facilities above certain size guidelines.

We are proposing to construct 8 new 55'x 575' broiler houses containing 46,507 birds per house with a total operating capacity of 372,056 birds. This facility will be located on 40 acres of the 80.4 acres in the West half of the SE ¼ quarter of Section 35, Township 26, Range 30.

Enclosed is a map showing the location of the proposed new buildings and a waste management plan detailing how the facility will be operated.

You may contact us for additional information on this facility. Our address is:

Jack and Alissa Mattingly
3372 E State Hwy CC
Fair Grove, MO 65648
417-350-6833

The Missouri Department of Natural Resources will accept written comments on this facility construction for a period of thirty days after receipt of this letter. Their address is:

Missouri Department of Natural Resources
Water Pollution Control Program
P.O. Box 176
Jefferson City, Missouri 65102

Please feel free to contact us if you have any questions.

Sincerely,

Jack and Alissa Mattingly

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Bernice Gajdos
 9673 Hwy W
 Granby MO 64844



9590 9403 0341 5163 8496 58

2. Article Number (Transfer from service label)

7015 0920 0001 9389 0194

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 B. Received by (Printed Name) Addressee
 C. Date of Delivery

Bernice Gajdos
 JUN 22 2016
 USPS

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Benjamin B Monroe
 25680 Highway 60
 Stark City MO 64866



9590 9403 0341 5163 8497 19

2. Article Number (Transfer from service label)

7015 0920 0001 9389 0255

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Date of Delivery
 Ben Monroe 6-21-16

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Michael Chestnut
12879 Mallard Drive
Neosho MO 64850



9590 9403 0341 5163 8496 27

2. Article Number (Transfer from service label)

7015 0920 0001 9389 0163

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X Mark Solomon Addressee

B. Received by (Printed Name) C. Date of Delivery
 Mark Solomon 6-21-14

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type Priority Mail Express®
 Adult Signature Registered Mail™
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
 Insured Mail (over \$500)

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Joyce & Gary Meredith
14502 Monark Dr
Neosho MO 64850



9590 9403 0341 5163 8496 03

2. Article Number (Transfer from service label)

7015 0920 0001 9389 0149

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X Hazel Meredith Addressee

B. Received by (Printed Name) C. Date of Delivery
 HAROLD MEREDITH 6-21-14

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type Priority Mail Express®
 Adult Signature Registered Mail™
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
 Insured Mail (over \$500)

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dean Tucker
21026 Lawrence 1230
Aurora MO 65605



9590 9403 0341 5163 8496 65

2. Article Number (Transfer from service label)

7015 0920 0001 9389 0200

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X Dottie Tucker Addressee

B. Received by (Printed Name) C. Date of Delivery
 D. Tucker 6-21-14

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type Priority Mail Express®
 Adult Signature Registered Mail™
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
 Insured Mail (over \$500)

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jesse Perez
25764 Highway 660
Stark City MO 64866



9590 9403 0341 5163 8496 41

2. Article Number (Transfer from service label)

7015 0920 0001 9389 0167

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X [Signature] Addressee

B. Received by (Printed Name) C. Date of Delivery
 Ben Monroe 6-21-14

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type Priority Mail Express®
 Adult Signature Registered Mail™
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
 Insured Mail (over \$500)

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Joshua Lasiter
P.O. Box 7168
Granby MO 64844



9590 9403 0341 5163 8496 72

2. Article Number (Transfer from service label)

7015 0920 0001 9389 0217

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Joshua Lasiter

B. Received by (Printed Name)
C. Date of Delivery
JUN 23 2016

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

- Service Type
- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jeremy Monroe
25768 Highway 60
Stark City MO 64866



9590 9403 0341 5163 8497 02

2. Article Number (Transfer from service label)

7015 0920 0001 9389 0248

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Jeremy Monroe

B. Received by (Printed Name)
C. Date of Delivery
JUN 28 2016

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

- Service Type
- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Edward Palmer
10121 Teal Drive
Stark City MO 64866



9590 9403 0341 5163 8496 96

2. Article Number (Transfer from service label)

7015 0920 0001 9389 0231

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Edward Palmer

B. Received by (Printed Name)
C. Date of Delivery
JUN 23 2016

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

- Service Type
- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ron Gajdos
9619 Highway W
Granby MO 64844



9590 9403 0341 5163 8496 34

2. Article Number (Transfer from service label)

7015 0920 0001 9389 0170

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Ron Gajdos

B. Received by (Printed Name)
C. Date of Delivery
JUN 28 2016

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

- Service Type
- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

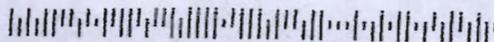
- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Earl and Gwyn Honey
 215 E McKinney
 Neosho, MO 64850



9590 9402 1569 5362 7621 32



PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Earl Honey*



B. Received by (Printed Name)

EARL HONEY

C. Date of Delivery

JUL 12 2016

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Marilyn Ruestman
 County Commissioner
 101 South Wood Street
 Neosho, MO 64850



9590 9402 1569 5362 7621 49

2. Article Number (Transfer from service label)

7014 2870 0001 4446 0767

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *C. Munnony*

Agent
 Addressee

B. Received by (Printed Name)

C. Munnony

C. Date of Delivery

7/11/16

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gorden Wray
P.O. Box 176
Jefferson City MO 65102



9590 9403 0341 5163 8496 10

2. Article Number (Transfer from service label)

7015 0920 0001 9389 0156

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Justin Rackers

Agent

Addressee

B. Received by (Printed Name)

JUSTIN RACKERS

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

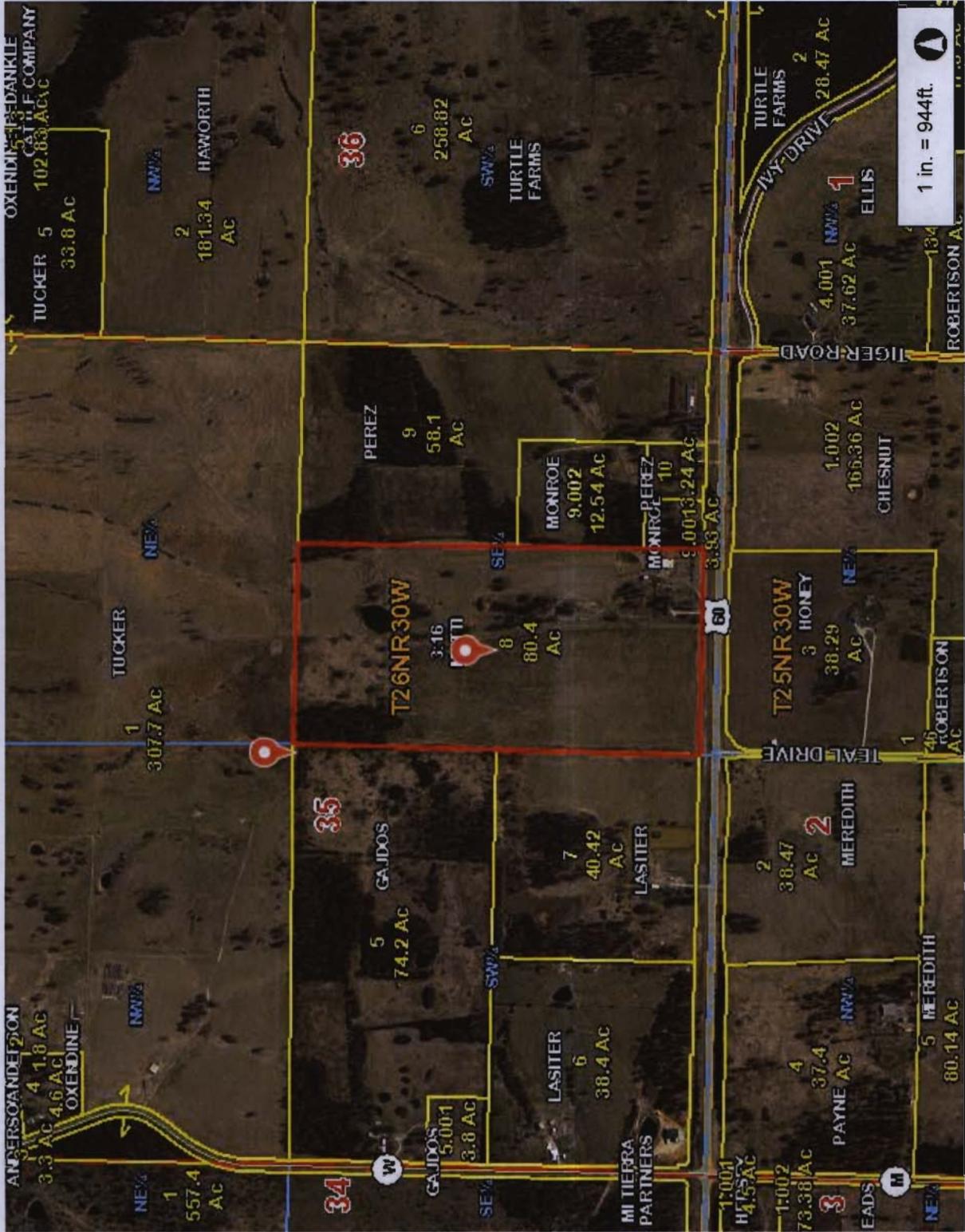


3. Service type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

Newton County, MO



1 in. = 944ft.



This map is a user generated static output from an Internet mapping site and is for reference only. Data layers that appear on this map may or may not be accurate, current, or otherwise reliable.
THIS MAP IS NOT TO BE USED FOR NAVIGATION



- Legend**
- Road
 - County Roads / City Streets
 - Interstate Highway
 - US Highway
 - Numbered State Highway
 - Lettered State Highway
 - Railroad
 - Parcel
 - Parcel Number/Acres
 - Owner Name
 - Owner Last Name
 - Corporate Limit Line
 - Land Hook
 - DASHED LAND HOOK
 - SOLID LAND HOOK
 - Section
 - Qtr Section
 - Township Range
 - County Boundary

Notes

1. DESIGN INFORMATION FOR 3:16 Mattingly Farms WASTE MANAGEMENT PLAN BROILERS
 2. DATE 12-Jun-16 Newton COUNTY Poultry2----> Version 1.93 April, 2010
 By: jwf NEWTON SINGLE STAGE BROILER HOUSE(S)

I. GENERAL INFORMATION:

3. Total Capacity 372,056 birds 8 No. Houses
 4. Market Weight 3.8 Pounds 46,507 Birds per House
 5. Death Loss Rate 4 % 357,174 No. to market
 6. flocks/year 6.5 number
 7. Days/flock 42 Days/flock 6.00 Weeks/flock
 8. Spreader capacity 400 cu.ft. 6.8 tons
 9. Litter Volume per 1000 weight 0.63 cu.ft. 34 Litter Unit Weight lbs./cu.ft.
 10. Soil-plant Filter acres per 1000 weight 0.50 ac/1000 lbs. 45 Compost Unit Weight lbs./cu.ft.
 11. Crop Nitrogen Uptake MPAN Method 135 lb/ac/yr
 12. Average bird weight: 1.90 lbs.

II. CALCULATIONS:

13. 1000 weights 530 1000 wts
 14. Human Population Equivalents 26,509 HPE 50 Human Equivalent conversion Factor
 15. Litter Production per Year - Manure 121,581 cu.ft./yr. 2067 tons/yr.
 16. Litter Production per Year - Mortalities 10,940 cu.ft./yr. 246 tons/yr.
 17. Total Litter Production per Year 132,521 cu.ft./yr. SPREADING AND SPF REQUIREMENTS FOR ONE FLOCK
 18. Number of Litter Loads 304.0 loads/yr. 0.5 hrs/load 46.8 loads/flock
 19. Days Spreading per Year 19.0 days/yr. 8.0 hrs/day 2.9 days/flock
 20. Litter Spread per Acre per Year 115 cu.ft./yr. 1.9 tons/yr. 17.6 cu.ft./flock (consv.)
 21. Compost Spread per Acre per Year 1/ Compost 149 cu.ft./yr. 3.3 tons/yr.

SOIL-PLANT FILTER:

22. Conservative Management Approach:
 23. Acres Needed for Litter-Manure 1060.4 acres 163.1 acres/flock
 24. Acres Needed for N from Compost 73.5 acres 11.3 acres/flock
 25. Total Acres Needed 1133.9 acres 174.4 acres/flock

COMPOSTER/INCINERATOR DESIGN:

26. Primary Bin Requirements From design formula in SCS-313a
 Primary Volume Needed 3366.2 cu.ft.
 27. Bin Size: Width 8
 28. Length 6 Standard bin size, 8ft. wide, 6 ft. long, 5 ft. deep.
 29. Depth 3
 30. Primary Bins Needed 240.0 cu.ft. use → 14 Primary Bins
 31. Secondary Bin Requirements
 Secondary Volume Needed 3366.2 min. cu.ft. 14 Secondary Bins
 32. Carcasses per year 91.9 tons/yr
 33. Incinerator Estimator 1,939 lb charge capacity based on 1% per week average death loss at mature weight

STACKING SHED DESIGN FOR EXISTING FACILITIES WHERE QUANTITY OF LITTER IS KNOWN

Cake Cleanout Estimate

34. Number of cake cleanouts to be stored 0 Cake Cleanouts

