



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

FOR OFFICE USE ONLY	
CHECK NUMBER:	1032
DATE RECEIVED	FEE SUBMITTED
10-26-16	\$150.00

Complete all applicable sections. 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 Chapman Family Farms LLC	CURRENT PERMIT NUMBER MO-	COUNTY Lawrence
PHYSICAL ADDRESS 6872 Hwy 39	LEGAL DESCRIPTION Sec.: 36 Twn.: 29N Rng.: 27W	TELEPHONE NUMBER WITH AREA CODE 417-872-7821
CITY Mt. Vernon	STATE MO	ZIP CODE 65712
1.2 OWNER (PROVIDE LEGAL NAME) Chapman Family Farms LLC	EMAIL ADDRESS carlchapmancfi@hotmail.com	
MAILING ADDRESS 1753 N Farm Rd 17		TELEPHONE NUMBER WITH AREA CODE 417-872-7821
CITY Bois D'Arc	STATE MO	ZIP CODE 65612
1.3 CONTINUING AUTHORITY (IF DIFFERENT THAN THE OWNER) Same as above		
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 checked="" 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
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**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	List All Manure Storage Structures at each CAFO Feature	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	F	1855	365				
002	G	318	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	RECEIVED OCT 26 2016	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.2 Is this an export-only operation?		

MO 780-2112 (07-14)

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?  Yes  No

**PART 6 - ANIMAL MORTALITY**

6.1 PERMANENT METHOD OF DISPOSING OF ROUTINE ANIMAL MORTALITIES.

Composting  Rendering  Send to a Landfill  Incineration  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.  
Mortalities are composted within 24 hours of death and finished compost product is stored under roofed composter until land applied.

**PART 7 - DIVERSION OF CLEAN WATER**

7.1 Is clean stormwater diverted from the production area?  Yes  No

7.2 IF YES, DESCRIBE CONTROLS AND MEASURES USED TO DIVERT STORMWATER.

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.

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?  Yes  No

8.2 LIST MEASURES USED TO PREVENT CONFINED ANIMAL FROM HAVING DIRECT CONTACT WITH WATERS OF THE STATE.

*BIRDS ARE CONFINED IN EACH HOUSE FOR THE ENTIRE DURATION OF GROWTH CYCLE.*

**PART 9 - CHEMICAL HANDLING**

9.1 Check the appropriate boxed below to indicate method for handling and disposal of chemicals used by the operation:

- Chemicals are stored, handled, and disposed of according to manufacturer labels.
- Chemical storage and handling areas are protected from precipitation and runoff, and any spillage is contained within these areas.
- Emergency procedures and equipment are in place to contain and clean up chemical spills.
- Equipment wash areas are designed and constructed to prevent contamination of surface waters.
- 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.)

*LITTER & COMPOST*

10.2 DESCRIBE PROCEDURES FOR ENSURING EACH MANURE SOURCE IS TESTED ANNUALLY.

*REQUIRED BY PERMIT. RECORDS KEPT & REVIEWED TO INSURE YEARLY COMPLIANCE.*

**PART 11 - RECORD KEEPING**

11.1 Are records of all inspections, manure transfers, discharges and land application maintained?  Yes  No

**PART 12 - SIGNATURE**

NAME <i>Cathy Chapman</i>	TITLE owner
SIGNATURE <i>[Signature]</i>	DATE 10/04/2016

**Part 13 - Engineer Certification**

House Bill 28, which became effective Aug 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 *CHAPMAN FAMILY FARMS, LLC*  
Address *6872 Hwy 39*  
City *Rt. Vernon, MO 65712*

Engineer Firm *ANDERSON ENGINEERING, INC.*  
Address *218 5th ST*  
City State Zip Code *MONETT, MO 65708*

I, Project Engineer, certify that above described systems have been designed in accordance with Missouri CAFO design regulations in 10 CSR 20-8.300

ENGINEER SEAL

*[Signature]*  
PROJECT ENGINEER SIGNATURE

RECEIVED



OCT 26 2016

## Facility Summary Report

For

Chapman Family Farms LLC

1753 N Farm Rd 71

Bois D'Arc, MO 65612

### FACILITIES:

This system is to manage the wastes from a Broiler Growout facility consisting of 8 broiler houses with 1 dead bird composter and stack shed. The eight 55' x 575' houses contain 46,507 per house. Total farm capacity is 372,056 birds. Mortalities will be composted in a roofed composter with impermeable concrete floors.

Water for this facility will be supplied by two new wells.

### 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 7 flocks with approximately 2 weeks between flocks. Flock life is approximately 5 weeks. Average weight is estimated at 3.8 lb/bird. Average daily litter production (manure and bedding) is estimated at 0.63 cu.ft. per 1000 pounds of animal capacity or 1855 tons annually. Bedding used is rice hulls and or wood shavings. At 34 lb./cu.ft., volume of manure and bedding is approximately 109,111 cu.ft. annually. Houses are cleaned out about every 50 weeks. Cake material will be removed between flocks. No wash water or other freshwater enters the waste management system.

Death losses are expected to average 4% for each flock, or about 318 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.

RECEIVED

OCT 26 2016

Water Protection Program

**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 202,400 cu.ft. If litter accumulates too quickly, a total cleanout will be needed biannually. 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.

Broiler Houses ((55'\*575')0.8')8 = 202,400 cu.ft. total storage.

**Separation Distances: (ft.)**

	<u>Storage</u>	<u>Required Buffer Distances</u>
Property Line	100	50
Planned Well	100	100
Permanent Stream	N/A	100
Intermittent Stream	130	100
Losing Stream	N/A	300
Abandoned Mines	N/A	300
Non-owned Dwelling	1775	1000
State/County Roads	1600	50

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 spread on appropriate soil plant filter acres.

**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 approximately 350 to 450 cu.ft. per load. Litter is removed from houses and placed in spreader trucks for land application.

If a custom operator or person other than the owner is spreading the litter, training will be provided to that person or operator. They will be made aware of requirements listed in the "Operating Permit".

**UTILIZATION:**

All wastes from this system will be sold and removed off the farm. Houses will be cleaned once per year. Normally, houses will be cleaned in November. Caked litter will be removed from houses between flocks as needed. This "cake" will be stored in a stacking shed and sold. Records of litter sold will be kept using DNR log sheets and kept on the farm.

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

The spreadable acres available are calculated by considering that litter will not be spread on slopes steeper than 12%; within 100ft of any public road, intermittent flowing streams, property lines, inhabited dwelling, lakes, permanent flowing streams, and privately owned impoundments not used as a water supply; 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. Litter applications have typically been conducted using the nitrogen based approach; however, phosphorus levels in the soils will likely increase with several years of litter application using this application 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. For this plan, all litter will be applied based on CNMP recommendations developed specifically for this operation.

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

**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.

Carl Chapman

1. DESIGN INFORMATION FOR Chapman, Carl WASTE MANAGEMENT PLAN BROILERS  
 2. DATE 17-Oct-16 Lawrence COUNTY Poultry2----> Version 1.91 Feb, 2009  
 By: \_\_\_\_\_ SINGLE STAGE BROILER HOUSE(S)

I. GENERAL INFORMATION:

3. Total Capacity 372,056 birds 8 No. Houses  
 4. Market Weight 3.8 Pounds 46,507.00 Birds per House  
 5. Death Loss Rate 4 % 357,174 No. to market  
 6. flocks/year 7.0 number  
 7. Days/flock 35 Days/flock 5.00 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 476 1000 wts  
 14. Human Population Equivalents 23,790 HPE 50 Human Equivalent conversion Factor  
 15. Litter Production per Year - Manure 109,111 cu. ft./yr. 1855 tons/yr.  
 16. Litter Production per Year - Mortalities 14,138 cu. ft./yr. 318 tons/yr.  
 17. Total Litter Production per Year 123,249 cu. ft./yr. **SPREADING AND SPF REQUIREMENTS FOR ONE FLOCK**  
 18. Number of Litter Loads 272.8 loads/yr. 0.5 hrs/load 39.0 loads/flock  
 19. Days Spreading per Year 17.0 days/yr. 8.0 hrs/day 2.4 days/flock  
 20. Litter Spread per Acre per Year 115 cu. ft./yr. 1.9 tons/yr. 16.4 cu. ft./flock (conv.)  
 21. Compost Spread per Acre per Year 179 cu. ft./yr. 4.0 tons/yr.

SOIL-PLANT FILTER:

22. Conservative Management Approach:  
 23. Acres Needed for Litter-Manure 951.6 acres 135.9 acres/flock  
 24. Acres Needed for N from Compost 79.2 acres 11.3 acres/flock  
 25. Total Acres Needed 1030.8 acres 147.3 acres/flock

COMPOSTER/INCINERATOR DESIGN:

26. Primary Bin Requirements 4039.5 From design formula in SCS-313a  
 Primary Volume Needed cu. ft.  
 27. Bin Size: Width 10  
 28. Length 8 Standard bin size, 8ft. wide, 6 ft. long, 5 ft. deep.  
 29. Depth 4  
 30. Primary Bins Needed 320.0 cu. ft. use --> 13 Primary Bins  
 Secondary Bin Requirements  
 31. Secondary Volume Needed 4039.5 min. cu. ft. 13 Secondary Bins  
 32. Carcasses per year 99.0 tons/yr  
 33. Incinerator Estimator 1,939 lb charge capacity based on 1% per week average death loss at mature weight

STACKING SHED DESIGN

Cake Cleanout Estimate

34. Number of cake cleanouts to be stored 0 Cake Cleanouts  
 35. Number of loads for single house cake cleanout 0 Loads  
 36. Average size of EACH load 4 Tons  
 37. Number of houses to be cleaned 8 Houses



I certify that I have received the poultry packet from Chapman Family Farms LLC, containing the Notification Letter, Facility Summary Report, and Map showing location of proposed new buildings.

Signature:  \_\_\_\_\_

Date: 10-6-16

Date: September 28, 2016

Dear: Neighbor,

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

I am proposing to construct 8 new 55'x 575' broiler houses containing 46,507 birds per house totaling my operating capacity at 372,056 birds. The facility will be located on 80 acres in **the S.W. quarter of Section 36, Township 29 North, Range 27 West, on my farm.**

Enclosed is a map showing the location of the proposed new building(s) and a waste management plan detailing how the facility will be operated. You may contact me for additional information on this facility. My address is:

Chapman Family Farms LLC  
1753 N Farm Rd 71  
Bois D'Arc, MO 65612

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 me if you have questions.

Sincerely,

Chapman Family Farms LLC

7015 0640 0002 1995 3497

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Extra Services & Fees (check box, add fee as appropriate)	\$7.70		
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<input type="checkbox"/> Adult Signature Required	\$0.00		
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Postage	\$0.68		
Total Postage and Fees	\$5.68		

Sent To  
 Masked Teresa Robertson  
 Street and Apt. No., or PO Box No.  
 1828 Hickory Hills Dr.  
 City, State, ZIP+4®  
 Jordan MO 65801

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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<input type="checkbox"/> Adult Signature Required	\$0.00		
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00		
Postage	\$0.68		
Total Postage and Fees	\$5.68		

Sent To  
 Gary + Cole Robertson  
 Street and Apt. No., or PO Box No.  
 12436 Lawrence 2075  
 City, State, ZIP+4®  
 Mt. Vernon, MO 65712

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<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00		
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Total Postage and Fees	\$5.68		

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 Randalla Sosa Or  
 Street and Apt. No., or PO Box No.  
 11826 Lawrence 2070  
 City, State, ZIP+4®  
 Mt Vernon MO 65712

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<input type="checkbox"/> Adult Signature Required	\$0.00		
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00		
Postage	\$0.68		
Total Postage and Fees	\$5.68		

Sent To  
 Ronald + Delores Baldwin Trust  
 Street and Apt. No., or PO Box No.  
 5379 Hwy 39  
 City, State, ZIP+4®  
 Miller, MO 65707

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Extra Services & Fees (check box, add fee as appropriate)	\$7.70		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$4.00		
<input type="checkbox"/> Return Receipt (electronic)	\$0.00		
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00		
<input type="checkbox"/> Adult Signature Required	\$0.00		
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00		
Postage	\$0.68		
Total Postage and Fees	\$5.68		

Sent To  
 Scott + Heather Barnes  
 Street and Apt. No., or PO Box No.  
 6871 Lawrence 1132  
 City, State, ZIP+4®  
 Mt. Vernon, MO 65712

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Extra Services & Fees (check box, add fee as appropriate)	\$7.70		
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<input type="checkbox"/> Return Receipt (electronic)	\$0.00		
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00		
<input type="checkbox"/> Adult Signature Required	\$0.00		
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00		
Postage	\$0.68		
Total Postage and Fees	\$5.68		

Sent To  
 Wilmethe Sons LLC  
 Street and Apt. No., or PO Box No.  
 PO Box 391  
 City, State, ZIP+4®  
 Mt Vernon MO 65712

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SPARTA, MD 65753  
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Certified Mail Fee	\$3.50
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.68
Total Postage and Fees	\$5.68

0094 29  
 SN  
 OCT 3 2016  
 POSTMARK  
 HERE  
 SPRINGFIELD, MD  
 11/10/2016

Sent To Jim Brown  
 Street and Apt. No. or PO Box No. 933 Hwy 00  
 City, State, ZIP+4® SPARTA MD 65753

**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:  
 Marka Teresa Robertson  
 1828 Hickory Hills Dr  
 Joplin MO. 64801



9590 9402 1643 6053 9964 86

2. Article Number (Transfer from service label)  
 7015 0640 0002 1995 3497

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Address  
 B. Received by (Printed Name) C. Date of Delivery  
 D. Mark Robertson 10/6/16

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
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restrict Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation
  - Signature Confirmation Restricted Delivery

**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:  
 Randall & Sara Orr  
 11826 Lawrence 2070  
 Mt Vernon MO 65712



9590 9402 1643 6053 9964 62

2. Article Number (Transfer from service label)  
 7015 0640 0002 1995 3480

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Address  
 B. Received by (Printed Name) C. Date of Delivery  
 D. Randall M. Orr

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
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restrict Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation
  - Signature Confirmation Restricted Delivery

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- 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:  
 Wilmoth & Sons LLC  
 PO Box 391  
 Mt. Vernon, MO 65712



9590 9402 1643 6053 9964 55

2. Article Number (Transfer from service label)  
 7015 0640 0002 1995 3473

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Address  
 B. Received by (Printed Name) C. Date of Delivery  
 D. Wilmoth 10/5/16

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
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restrict 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:

Scott & Heather Barnes  
 6871 Lawrence 1132  
 Mt. Vernon, MO 65712



9590 9402 1643 6053 9964 79

2. Article Number (Transfer from service label)

7015 0640 0002 1995 3503

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Heather Barnes*

- Agent
- Address

B. Received by (Printed Name)

Heather Barnes

C. Date of Delivery

10/6/16

- 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
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation
- Signature Confirmation Restricted Delivery

**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:

Jim Brown  
933 HWY00  
SPARTA MO 65753



9590 9402 1643 6053 9965 16

2. Article Number (Transfer from service label)

7015 0640 0002 1995 3404

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Jim P. Brown*  Agent  
 Address

B. Received by (Printed Name)

Jim P. Brown

C. Date of Delivery

10-5-16

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
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation®
- Signature Confirmation Restricted Delivery

d 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:

Gary & Gale Robertson  
12436 Lawrence 2075  
Mt. Vernon, MO 65712



9590 9402 1643 6053 9965 09

2. Article Number (Transfer from service label)

7015 0640 0002 1995 3411

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Gale Robertson*  Agent  
 Address

B. Received by (Printed Name)

Gale Robertson

C. Date of Delivery

10-6-16

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
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation®
- Signature Confirmation Restricted Delivery

d 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:

Ronald & Debres Baldwin Trust  
5379 Hwy 39  
Miller, MO 65707



9590 9402 1643 6053 9964 93

2. Article Number (Transfer from service label)

7015 0640 0002 1995 3466

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Debres Baldwin*  Agent  
 Address

B. Received by (Printed Name)

Debres Baldwin

C. Date of Delivery

10-5-16

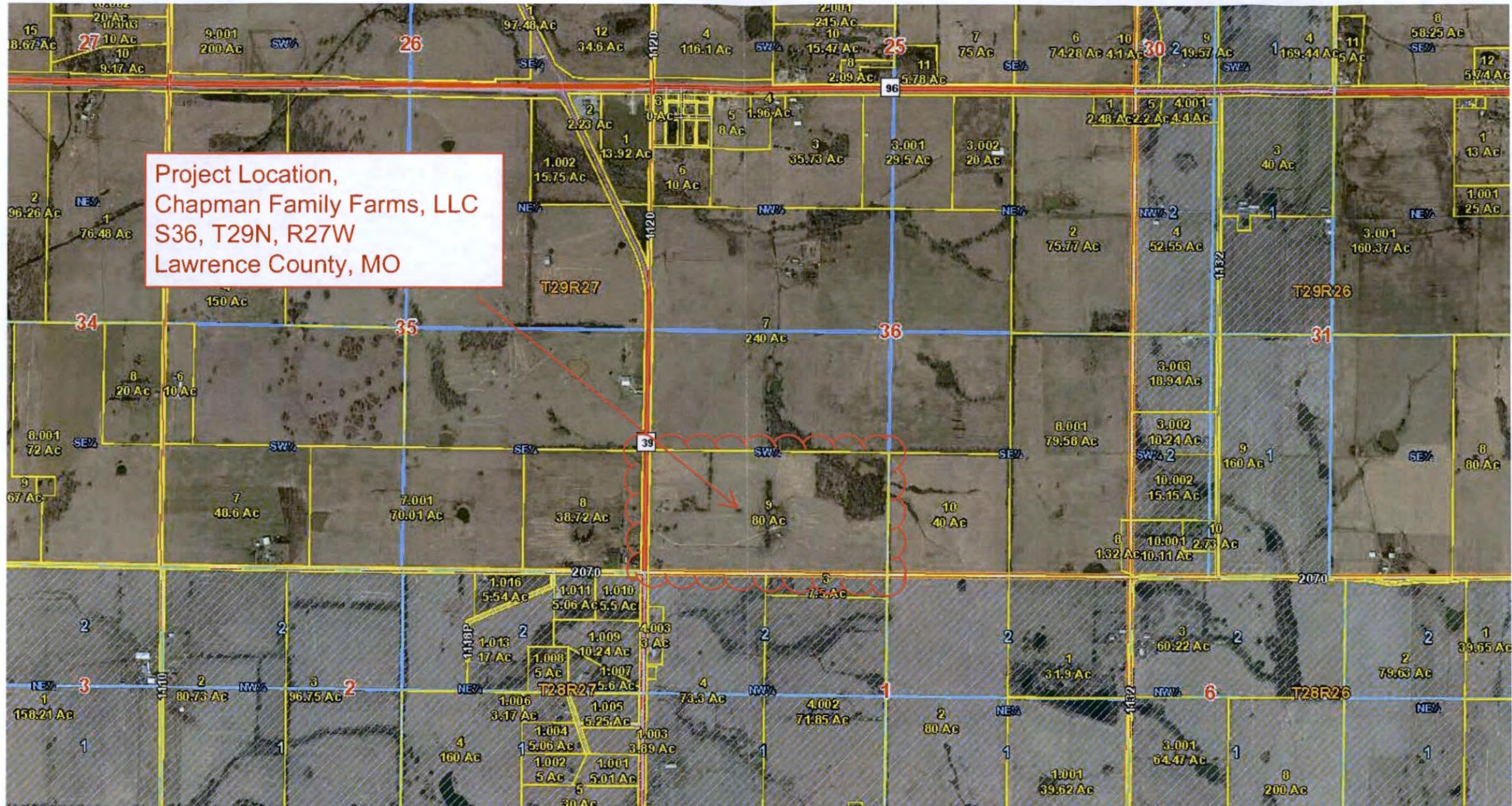
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

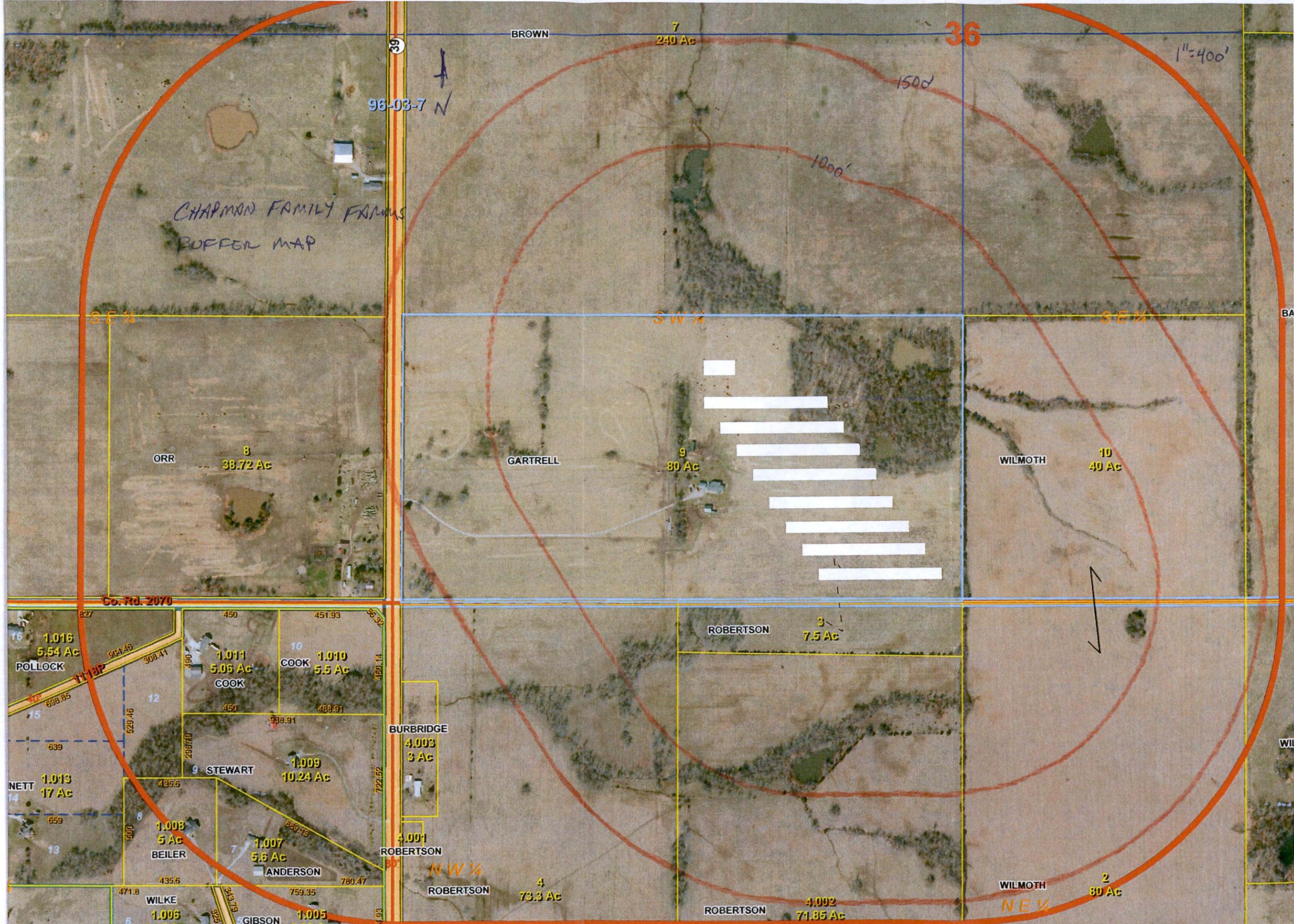
3. Service Type

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

Delivery

Domestic Return Receipt





CHAPMAN FAMILY FRINGS  
BUFFER MAP

96-03-7 N

1"=400'

SE 1/4

SW 1/4

SE 1/4

Co. Rd. 2070

1.016  
5.54 Ac  
POLLOCK

1.011  
5.06 Ac  
COOK

1.010  
5.5 Ac  
COOK

ROBERTSON  
7.5 Ac

1.013  
17 Ac  
NETT

1.009  
10.24 Ac  
STEWART

BURBRIDGE  
4.003  
3 Ac

1.008  
5 Ac  
BEILER

1.007  
5.6 Ac  
ANDERSON

ROBERTSON  
4.001

1.006  
WILKE

1.005  
GIBSON

ROBERTSON  
4.002

ROBERTSON  
73.3 Ac

ROBERTSON  
71.85 Ac

WILMOTH  
80 Ac

NE 1/4

BROWN

7  
240 Ac

36

ORR  
38.72 Ac

GARTRELL  
80 Ac

WILMOTH  
40 Ac

15

12

14

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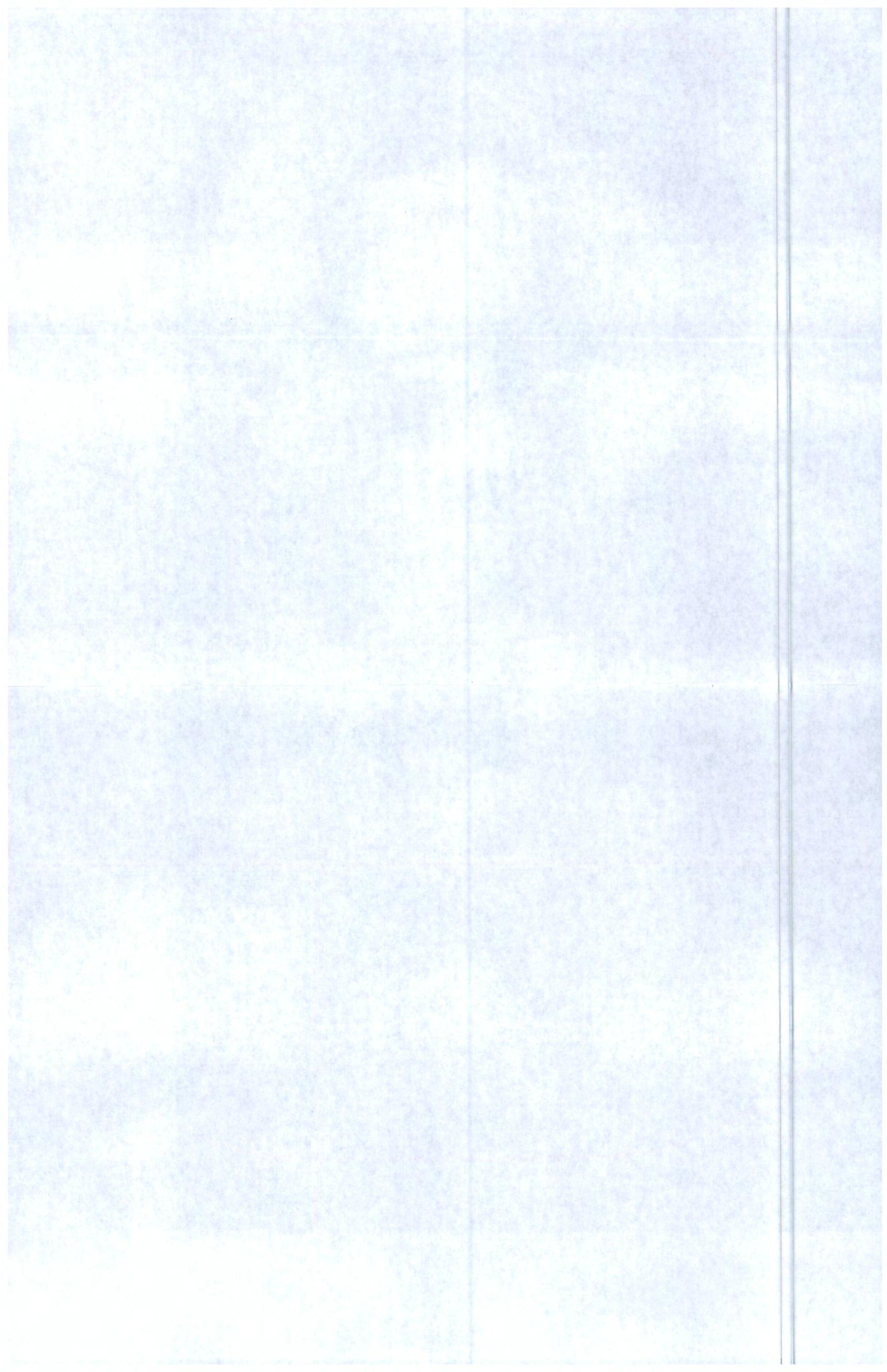
49

50

1500'

1000'



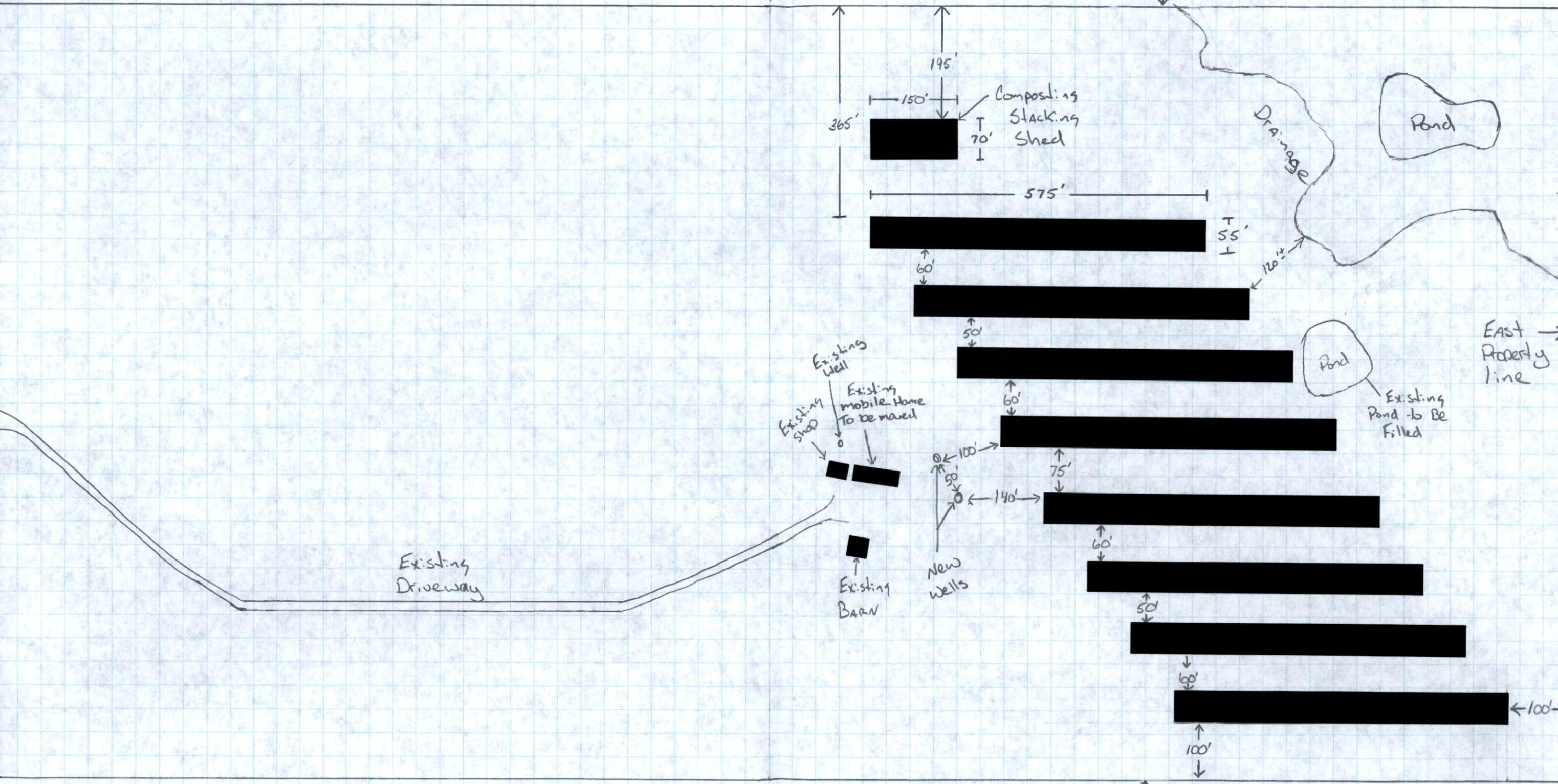


Highway 39  
Runs North  
and South

▨ = 40'  
1" = 1600'±

CHAPMAN FAMILY FARMS, LLC  
6872 Hwy 39  
Bois D'Arc, MO 65612

GENERAL LAYOUT PLAN



North Property line

365'

195'

150'

Composting  
Stacking  
Shed

70'

575'

55'

60'

50'

60'

75'

60'

50'

68'

100'

East  
Property  
line

Pond

Existing  
Pond to be  
Filled

Pond

Drainage

120'

Existing  
Driveway

Existing  
Well

Existing  
mobile Home  
To be moved

Existing  
Shop

Existing  
BARN

New  
wells

South Property line

← 100' →