FORM A
Request for Inspection of Animal Feeding Operation
PLEASE PRINT OR TYPE

NAME OF OPERATION ____________________________________________________________

ADDRESS OF OPERATION ______________________________________________________
Street, P.O. Box, Route City State Zip

LEGAL DESCRIPTION OF OPERATION

1/4 1/4 Section Township Range
N _______ E or W ____________ County

1/4 1/4 Section Township Range
N _______ E or W ____________ County

DIRECTIONS FROM NEAREST TOWN __________________________________________________

CONTACT PERSON INFORMATION

Name & Title ________________________________________________________________

Address ________________________________________________________________
Street, P.O. Box, Route City State Zip

Telephone (_____) _______ _______ (_____) _______ _______ (_____) _______ _______
Work Home Other (Cell, Fax, etc.)

REASON FOR REQUESTING INSPECTION □ Existing □ Proposed expansion to existing □ Proposed Operation □ Other (i.e., local or lender requirements, previous discharge, etc.) ________________________________

ANIMAL FEEDING OPERATION INFORMATION (Attach additional sheets if more space is needed to list livestock types)

<table>
<thead>
<tr>
<th>Type Of Livestock (i.e., feeder cattle, dairy, swine, etc.)</th>
<th>Animal Capacity (maximum number of animals that operation can hold)</th>
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Open Lots? □ Yes □ No Totally Housed Buildings? □ Yes □ No

Print Name of Requester: __________________________________________________________
Signature of Requester: __________________________________________________________

(Be sure to include appropriate inspection fee or form will be returned. Send requests to above address.)