



Ohio Department of Agriculture
LIVESTOCK ENVIRONMENTAL PERMITTING PROGRAM
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EMERGENCY RESPONSE PLAN

Purpose: The Emergency Response Plan (ERP) is required to be developed and maintained on all Concentrated Animal Feeding Facilities (CAFF), Major Concentrated Animal Feeding Facilities (MCAFF), or Concentrated Animal Feeding Operation (CAFO). Emergency Response Plans are used to minimize the environmental impact of emergencies that could happen at a facility.

In preparing the ERP, it is recommended that the owner or operator use this form or a form that is pre-approved by the Director of Agriculture. Alternative forms must contain all of the required information as specified in Rule 901:10-2-17 of the Ohio Administrative Code (OAC).

Parts 4, 6, 7, and 8 of the Emergency Response Plan are not required as part of the plan. They are however recommended as a resource for the owner or operator to have onsite in case of an emergency.

It is recommended that the owner or operator keep a copy of the ERP in the Operating Record and a copy at the site office so that it is easily accessible to all employees.

The following sections are required for the Emergency Response Plan:

- Part 1: General Facility Information Sheet
- Part 2: Effluent Spill Emergency Response Information Sheet
- Part 3: Runoff Retention Plan
- Part 4: Prearranged Emergency Response Agreements
- Part 5: Manure Handling System Maintenance Record
- Part 6: Fire Emergency Response Information Sheet
- Part 7: Power Outage Information Sheet
- Part 8: Personal Information
- Part 9: Mortality Management Plan

GENERAL FACILITY INFORMATION RECORD

OWNER/OPERATOR NAME AND FACILITY INFORMATION *Rule 901:10-2-17[A][1]*

(This information should be the same as the information contained in the associated permit application.)

Name of Facility: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Owner/Operator: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

CERTIFIED LIVESTOCK MANAGER (If applicable)

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

EMERGENCY CONTACT INFORMATION

1. Second Contact Person, if owner not available:
Name: _____
Phone: _____ Fax: _____
2. Third Contact Person, if owner and second contact not available:
Name: _____
Phone: _____ Fax: _____

EMERGENCY RESPONSE CONTACT PHONE NUMBERS

Ambulance (EMS): _____
Fire Department: _____
County Sherriff: _____

EMERGENCY RESPONSE CONTACT PHONE NUMBERS (STATE)

Emergency Management Agency (EMA): _____
Ohio EPA Emergency Response Spill: _____
Ohio Department of Agriculture: (614) 387-0470
After Hours Ohio Department of Agriculture: (800) 282-1955

EMERGENCY RESPONSE CONTACT PHONE NUMBERS (LOCAL/COUNTY)

Local Health Department: _____
Natural Resources Conservation Service: _____
Soil and Water Conservation District: _____

DIRECTIONS TO THE FACILITY (Attach a map to this document):

FACILITY MAP

Provide a site map that indicates the location of buildings, lagoons, wells, hazardous materials, property boundaries, and possible direction of lagoon runoff. Also, indicate the location of materials that could be used for temporary berms (i.e., dirt piles, old hay bales, sawdust, etc.) and where berming may take place to contain an accidental discharge:

[Empty rectangular box for Facility Map]

THE OWNER OR OPERATOR SHALL ALSO FILE A WRITTEN REPORT OF THE OCCURRENCE IN LETTER FORM WITHIN FIVE DAYS FOLLOWING FIRST KNOWLEDGE OF THE OCCURRENCE, UNLESS OTHERWISE WAIVED BY THE DIRECTOR OF AGRICULTURE. THIS REPORT SHALL OUTLINE THE ACTIONS TAKEN OR PROPOSED TO BE TAKEN TO CORRECT THE PROBLEM AND TO ENSURE THAT THE PROBLEM DOES NOT RE-OCCUR. (901: 10-2-17[A][4][d])

THE WRITTEN REPORT SHALL BE SENT TO THE FOLLOWING ADDRESS:

*OHIO DEPARTMENT OF AGRICULTURE
LIVESTOCK ENVIRONMENTAL PERMITTING PROGRAM
8995 EAST MAIN STREET
REYNOLDSBURG, OH 43068*

PREARRANGED EMERGENCY RESPONSE AGREEMENTS

To deal with an emergency quickly and effectively, most operations need assistance from other individuals. It is essential that prior arrangements be made so every person involved knows what to do when an emergency arises. Individuals can quickly bring equipment such as tractors with plows, backhoes, bulldozers, or personnel with shovels. Reciprocal agreements can be established with these neighbors.

If a spill occurs, it is very important to have access to nearby land, irrigation, and earth-moving equipment. In most cases, the owner or operator, producer, farmer, or emergency response personnel must contact people who own the equipment needed to respond to a spill. Having a prearranged written agreement with these people simplifies matters. The terms of these arrangements should include such things as financial compensation and a description of the equipment that would be used. List any arrangements made with other owners, operators, or producers and neighbors to share personnel and or equipment, supplies, and land access during an emergency. (Rule 901:10-2-17)

ACCESS AGREEMENT – (The following is a sample land access agreement.)

This document will serve as an access land agreement between

_____, hereafter called Owner or Operator and
_____, hereafter called Neighbor.

In the unlikely event that a manure discharge originating from the owner or operator's property enters neighbor's property, neighbor hereby grants permission to owner or operator or his agents to enter neighbor's property and take any reasonable steps to control, contain, and remediate the manure discharge.

Owner or Operator agrees to restore Neighbor's property to its original condition.

Owner/Operator Print Name

Owner/Operator Signature

Date Signed

Neighbor Print Name

Neighbor Signature

Date Signed

PREARRANGED EMERGENCY RESPONSE AGREEMENTS

List any arrangements made with other owners or operators to share personnel and/or equipment, supplies, and land access during an emergency.

AGREEMENTS ON FILE:

Contract One: _____

Contract Two: _____

LAGOON PUMPING SERVICES:

Lagoon Pumping Services should be within a reasonable distance from the facility that would be able to respond to an emergency at the facility.

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

MANURE HANDLING SYSTEM MAINTENANCE RECORD

LOCATION OF PREARRANGED EMERGENCY EQUIPMENT AND SUPPLIES

This includes equipment that is available twenty-four hours a day. Include phone numbers and primary contacts. Put a list in the order that the owner or operator would like the equipment operators contacted. Post a copy in each building onsite, in site office, and the owner or operator's residence, preferably posted by a phone or the main doorway. (*Rule 901:10-2-17*)

Owner	Phone	Location	Comments
IRRIGATION PUMPS:			
BULLDOZER/TRACK LOADER:			
BACKHOE:			
VACUUM SLURRY TANK:			
OTHER:			

FIRE EMERGENCY RESPONSE INFORMATION SHEET

This form is not required, but it is strongly recommended.

Farm Fire Protection District:	
911 Coordinates for Facility:	
Size and Type of Operation:	

Describe the procedures to be followed and people/organizations to contact in the order of importance in the case of fire. Include any equipment that would be required and how it is to be used.

ELECTRICAL POWER COMPANY

Name: _____

Phone: _____

Is there a disconnect between the meter base and the buildings? Yes No

If "Yes", where? _____

Give the location of the electrical panels in the buildings:

List the fuels located on the facility and their location: (Show location on site map in Part 1)

Are hazardous materials stored in the facilities? Yes No

If "Yes" provide the locations and a list of the materials: (Show location on site map in Part 1)

PROPANE GAS COMPANY

Name: _____

Phone: _____

Size of propane tanks: (Show location on site map in Part 1)

POWER OUTAGE INFORMATION SHEET

ELECTRICAL POWER COMPANY

Name: _____

Phone: _____

Size of Electrical Service: _____

GENERATOR

Is there a Standby Generator? Yes No

If so, is there a Double-Throw Disconnect to Isolate the Facility from the Utility During Generator Operation? Yes No

Is there a Disconnect between the Meter Base and Panel? Yes No

ELECTRICIANS WHO PERFORM SERVICE ON THE FACILITY

	NAME	PHONE NUMBER
1		
2		
3		
4		
5		

PERSONNEL INFORMATION

This form is not required, but strongly recommended.

The owner or operator should have an up-to-date list of any persons who are employed by the owner or operator. This personnel information document is to be filled out by the owner or operator and should contain any special responsibilities of the employee's employed at the facility.

NAME	SPECIAL RESPONSIBILITIES

CATASTROPHIC MORTALITY MANAGEMENT PLAN

OVERVIEW

Under Ohio law the disposal methods for dead livestock are as follows: burning, burial, composting, rendering, and landfill. See rule 901:10-2-15 of the Administrative Code or Sections 941.14, 1511.022, and 1515.08 of the Ohio Revised Code. NPDES requirements prohibit the holder of a permit from disposing of any mortality in manure storage and treatment facilities, stormwater management facilities, or any other treatment system that is not specifically designed and approved for mortality.

Burning – Burning dead poultry and small animals is biologically the safest disposal method. The incinerator should be sited in a convenient location that will avoid potential problems and be downwind of livestock housing, farm residences, and neighbors. Owners or operators are encouraged to contact the Ohio EPA for information regarding incineration.

Burial – Burial involves excavating a grave or pit, filling the bulk of the excavation with dead animals, and then covering them with soil until the grave or pit is filled. Where regulations allow burial, there are generally strict siting requirements. Common siting requirements include locating the burial where it will not create an actual or potential public health hazard.

Composting – Composting is similar to the process of natural decomposition except that it is enhanced and accelerated by mixing organic waste with other ingredients in a manner that optimizes microbial growth. Owners or operators are encouraged to contact their local Ohio State University Extension or Soil and Water Conservation District for information.

Rendering – The use of rendering services recycles the nutrients contained in dead animals. Proper biosecurity measures must be utilized to minimize the spread of disease from farm to farm by rendering plant vehicles and personnel. If animals are rendered they should be transported within twenty-four hours of their death. An area must be designated outside the perimeter of the facility for pick-up by rendering personnel. The owner or operator is encouraged to contact the Ohio Department of Agriculture's Animal Industry for additional information.

Sanitary Landfill – Sanitary landfills are engineered burial facilities for disposal of solid waste. Disposal of dead poultry and/or animals in a sanitary landfill is permitted in some areas. The owner or operator is encouraged to contact the landfill operator to determine if the landfill in the area accepts dead animals, the fees associated with the animals, and the proper containers for disposal.

INSTRUCTIONS

A record of the date and time of each inspection for animal mortality must be recorded in the Operating Record at a frequency as specified by the applicant on this form and as approved by the Ohio Director of Agriculture. In order to complete this form, you should read the Ohio Department of Agriculture's Operating Record Form 9. Upon approval of the Permit to Operate and NPDES permit, you are required to maintain an Operating Record at your facility that documents your actions to comply with the permit, including mortality management. Referring to the ODA Operating Record may assist you in providing the information required here. You may use some or all of ODA's forms in the Operating Record or use other forms, provided those forms are pre-approved by ODA.

OWNER/OPERATOR NAME AND FACILITY NAME (This information should be the same as the information contained in the associated permit application.)

Name of Owner/Operator: _____

Name of Facility: _____

	Name	Phone
Local Veterinarian:		
Ohio Department of Agriculture:	Animal Industry	(614) 728-6220
Ohio Department of Agriculture:	Livestock Environmental Permitting	(614) 387-0470

DISPOSAL METHODS

(Check all that apply)	LOCATION	EQUIPMENT NEEDED
<input type="checkbox"/> Burning		
<input type="checkbox"/> Burial		
<input type="checkbox"/> Composting		
<input type="checkbox"/> Rendering		
<input type="checkbox"/> Sanitary Landfill		

INSPECTION FREQUENCY

Check for moisture, carbon source, turning, leachate containment, and removal.

- Daily Weekly Other

CATASTROPHIC MORTALITY EVENT: Provide a short description of procedures to be used in the event of a catastrophic loss if normal mortality management cannot handle losses:

BEST MANAGEMENT PRACTICES: Describe the best management practices that will be used to dispose of dead livestock:
