



**San Joaquin Valley Air Pollution Control District
Supplemental Application Form**



Application for Dairy Farms - Modification of Cow Housing

This form must be accompanied by a completed Authority to Construct/Permit to Operate Application form

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|--------------------------------|
| Permit to be issued to: |
| Location of Dairy: |

COW HOUSING PRIOR TO MODIFICATION **Please provide a facility site map drawn to scale showing all freestall barns, open corrals, and other cow housing areas prior to the proposed modification.*

FREESTALL BARNs: Please provide the maximum number and type of cows (*i.e. Milk Cows, Dry Cows, Large Heifers 15-24 months, Medium Heifers 7-14 months, Small Heifers 3-6 months, Calves 0-3 months, Bulls*) in each Freestall Barn **PRIOR to the modification** (use additional sheets if needed)

| # | Freestall Barn Name/Identification | Type of Cow Housed (e.g. Milk, Dry, Heifers 15-24 mo., etc.) | Max # of Cows Housed | Type of Bedding (e.g. manure, sand, sawdust, etc.) | Manure Cleaning from Lanes (e.g. flush, scrape, vacuum, other) | # Times Lanes Cleaned per Day | Has Exercise Pen(s) (Y/N) | Frequency Pens Scraped |
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| Total number of freestall barns at the dairy: | Max number of head housed in freestall barns: |
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CORRALS/PENS: Please provide the maximum number and type of cows (*i.e. Milk Cows, Dry Cows, Large Heifers 15-24 months, etc.*) in each Corral **PRIOR to the modification** (use additional sheets if needed)

| # | Corral/Pen Name/Identification | Type of Cow Housed (e.g. Milk, Dry, Heifers 15-24 mo., Calves, etc.) | Max # of Cows Housed | Manure Cleaning from Lanes (e.g. flush, scrape, vacuum, other) | # Times Lanes Cleaned per Day | Has Shade(s) (Y/N) | Frequency Corrals/Pens Scraped |
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CORRALS/PENS: Please provide the maximum number and type of cows (i.e. Milk Cows, Dry Cows, Large Heifers 15-24 months, etc.) in each Corral PRIOR to the modification (use additional sheets if needed)

| # | Corral/Pen Name/Identification | Type of Cow Housed (e.g. Milk, Dry, Heifers 15-24 mo., Calves, etc.) | Max # of Cows Housed | Manure Cleaning from Lanes (e.g. flush, scrape, vacuum, other) | # Times Lanes Cleaned per Day | Has Shade(s) (Y/N) | Frequency Corrals/Pens Scraped |
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Total number of Corrals/Pens at the dairy: _____ Max number of head housed in Corrals: _____

OTHER HOUSING (e.g. Saudi Barns, Loafing Barns, etc.): Please identify other housing and provide the max number and type of cows in each other housing type PRIOR to the modification (use additional sheets if needed)

| # | Housing Description Name/Identification | Type of Cow Housed (e.g. Milk Cows, Dry Cows, Heifers, Calves) | Max # of Cows Housed | Type of Bedding (e.g. manure, sand, sawdust, etc.) | Manure Removal from Lanes (e.g. flush, scrape, vacuum, other) | # Times Lanes Cleaned per Day |
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Max number of head housed in other housing: _____

CALF HUTCHES: Please provide the maximum number of calves (0-3 months) housed in Calf Hutches PRIOR to the modification (use additional sheets if needed)

| # | Calf Hutch Area Description/Identification | Max # of Calves Housed | Calf Hutches on ground or aboveground (please check one) | | Manure Removal from Hutches (e.g. flush, scrape, other) |
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| | | | On Ground | Aboveground | |
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Max number of Calves (0-3 months) housed in hutches: _____

Other Cow Housing Facilities prior to Modification (check all that apply)

Special Needs Maternity Housing Other: _____

COW HOUSING AFTER MODIFICATION *Please provide a facility site map drawn to scale showing all freestall barns, open corrals, and other cow housing areas after the proposed modification.

FREESTALL BARNs: Please provide the maximum number and type of cows (i.e. Milk Cows, Dry Cows, Large Heifers 15-24 months, Medium Heifers 7-14 months, Small Heifers 3-6 months, Calves 0-3 months, Bulls) in each Freestall Barn AFTER the modification (use additional sheets if needed)

| # | Freestall Barn Name/Identification | Type of Cow Housed (e.g. Milk, Dry, Heifers 15-24 mo., etc.) | Max # of Cows Housed | Type of Bedding (e.g. manure, sand, sawdust, etc.) | Manure Cleaning from Lanes (e.g. flush, scrape, vacuum, other) | # Times Lanes Cleaned per Day | Has Exercise Pen(s) (Y/N) | Frequency Pens Scraped |
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Total number of freestall barns at the dairy: _____ Max number of head housed in freestall barns: _____

CORRALS/PENS: Please provide the maximum number and type of cows (i.e. Milk Cows, Dry Cows, Large Heifers 15-24 months, etc.) in each Corral AFTER the modification (use additional sheets if needed)

| # | Corral/Pen Name/Identification | Type of Cow Housed (e.g. Milk, Dry, Heifers 15-24 mo., Calves, etc.) | Max # of Cows Housed | Manure Cleaning from Lanes (e.g. flush, scrape, vacuum, other) | # Times Lanes Cleaned per Day | Has Shade(s) (Y/N) | Frequency Corrals/Pens Scraped |
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CORRALS/PENS: Please provide the maximum number and type of cows (i.e. Milk Cows, Dry Cows, Large Heifers 15-24 months, etc.) in each Corral AFTER the modification (use additional sheets if needed)

| # | Corral/Pen Name/Identification | Type of Cow Housed (e.g. Milk, Dry, Heifers 15-24 mo., Calves, etc.) | Max # of Cows Housed | Manure Cleaning from Lanes (e.g. flush, scrape, vacuum, other) | # Times Lanes Cleaned per Day | Has Shade(s) (Y/N) | Frequency Corrals/Pens Scraped |
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Total number of Corrals/Pens at the dairy: _____ Max number of head housed in Corrals: _____

OTHER HOUSING (e.g. Saudi Barns, Loafing Barns, etc.): Please identify other housing and provide the max number and type of cows in each other housing type AFTER the modification (use additional sheets if needed)

| # | Housing Description Name/Identification | Type of Cow Housed (e.g. Milk Cows, Dry Cows, Heifers, Calves) | Max # of Cows Housed | Type of Bedding (e.g. manure, sand, sawdust, etc.) | Manure Removal from Lanes (e.g. flush, scrape, vacuum, other) | # Times Lanes Cleaned per Day |
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Max number of head housed in other housing: _____

CALF HUTCHES: Please provide the maximum number of calves (0-3 months) housed in Calf Hutches AFTER the modification (use additional sheets if needed)

| # | Calf Hutch Area Description/Identification | Max # of Calves Housed | Calf Hutches on ground or aboveground (please check one) | | Manure Removal from Hutches (e.g. flush, scrape, other) |
|---|--|------------------------|--|-------------|---|
| | | | On Ground | Aboveground | |
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Max number of Calves (0-3 months) housed in hutches: _____

Other Cow Housing Facilities after Modification (check all that apply)

Special Needs Maternity Housing Other: _____