**Department of Agriculture, Trade and Consumer Protection**

**Application Form**

**Review of Innovative Odor Control Practice**

The Department of Agriculture, Trade and Consumer Protection (DATCP) requests submittal of this checklist and related documentation in order to obtain the information necessary to evaluate an innovative odor control practice according to ATCP 51.14(5)(c). Scientific evidence to substantiate that the innovative practice reduces odors is required for evaluation.

The department will not begin review of a request for approval until a complete application is submitted. An application is complete when each question in this form is fully answered, and all available documentation is provided where required. The department will send notice if additional information is needed. Failure to submit a complete application is grounds for denial.

Documentation submitted to the department is the basis for the technical review of the practice, however the department reserves the right to further investigate odor reduction claims (e.g. consult with outside experts, request independent testing, visit sites and take odor samples).

Submit this form to:

Tim Jackson, DATCP 2811 Agriculture Drive, P.O. Box 8911, Madison, WI 53707-8911 phone 608-224-4630 or via email [timothy.jackson@wisconsin.gov](mailto:timothy.jackson@wisconsin.gov)

If the odor control practice is approved, the department will assign an odor reduction factor to be used when completing the odor standard for local approval under ATCP 51. Department approval is required before the reduction factor for an innovative odor practice can be claimed in a local application. A copy of the DATCP approval of the innovative practice must be attached to the odor worksheet.

For info on the livestock facility siting law visit <https://livestocksiting.wi.gov>

**Section 1 – Contact Information**

Legal name of applicant (business entity)

Address

Contact individual

Contact phone number

Technical contact individual (person familiar with odor practice)

Technical contact phone number

Email

Website

**Section 2 – Structure(s) Where Odor Are Controlled by the Innovative Practice**

Check the last column for the description that best fits the structure affected by the practice.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Animal Housing | Dairy Stanchion | Daily to weekly cleaning | |  |
|  | Dairy Free Stall and  Beef & Dairy Heifers (Forage Ration) | Slatted floor (includes floor and pit below) | |  |
|  |  | Scrape | |  |
|  |  | Alley flush to storage | |  |
|  |  | Bedded pack | |  |
|  | Beef Finishing  (High Energy Ration) | Slatted floor (includes floor and pit below) | |  |
|  |  | Scrape | |  |
|  |  | Bedded pack | |  |
|  | Pork Gestation/ Farrow/ Nursery | Slatted floor (includes floor and pit below) | |  |
|  |  | Pull plug to storage | |  |
|  | Pork Finishing | Slatted floor (includes floor and pit below) | |  |
|  |  | Pull plug to storage | |  |
|  |  | Scrape systems to storage | |  |
|  |  | Deep bedded | |  |
|  | Poultry | Broiler (litter) | |  |
|  |  | Ducks (liquid) | |  |
|  |  | Layers | |  |
|  |  | Turkey and Ducks (litter) | |  |
| Manure Storage | Solid (stack) | | |  |
|  | Long term (6 months or longer) | | |  |
|  | Short term (less than 6 months) | | |  |
| Animal Lots | Paved | |  |  |
|  | **Unpaved** | | Dairy/Beef/Sheep/Goats |  |
|  |  | | Swine/Poultry |  |

**Section 3 – Categorize and Describe the Practice**

1. Select the description(s) that best categorize the proposed innovative practice.

Diet manipulation

Dust suppression

Exhaust air treatment

Dilution or treatment of flush water

Anaerobic digestion

Chemical or biological additives

Solid separation and reduction

Water treatment

Aerobic treatment

Aeration

Covers

Manure transfer

Moisture control

Other: Attach description

1. Describe the components of the proposed odor innovation and how these function to reduce odor. Detail each step in the process.
2. Provide schematic drawings and specifications of the practice.
3. What are the known limitations or risks related to the use of this practice?
4. Describe the regular maintenance activities required to keep this practice functioning?
5. Explain how the proposed innovation differs from similar odor control practices listed in Worksheet 2 in ATCP 51 Appendix A. Provide details to explain how the proposed practice represents an innovation in terms of odor reduction compared to recognized practices.

**Section 4 – Performance and Supporting Documentation**

1. Describe all measurable outcomes that result from the use of this practice. For example, if the practice involves removal of manure solids, provide the percentage of solids in the final treated product.

1. Explain how these outcomes result in odor reduction using the best available science to support the claim.
2. Answer the following questions regarding documented performance of the practice.
3. Is there manufacturer’s published literature regarding odor control of the practice? Yes  No    
   If “yes,” please attach.
4. Was the practice independently evaluated to substantiate its efficacy in controlling odor? Yes  No    
   If “yes,” please provide the contact information of each laboratory, facility or other entity conducting an evaluation, and attach the results of all evaluations.
5. Have scientific peer reviewed papers been published concerning the odor control effectiveness of this practice? Yes  No    
   If “yes,” please attach.
6. Has the practice been evaluated in a farm setting? Yes  No   
   If “yes,” please complete the table for each farm where the practice has been installed, and attach the results of all evaluations.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Facility Name | Facility Address | Facility Contact | Phone Number | Operational Status |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Has the odor control practice only been used in industries other than agriculture?  
   Yes  No   
   If yes, provide research, testing results and other documentation showing the effectiveness of the practice in controlling odor. Also provide explanations of how the technology can be transferred and applied to achieve similar results on the farm.
2. Have federal, state or local agencies reviewed the effectiveness of this practice for odor control? Yes  No   
   If “yes,” please attach contact information for agencies/organizations that have evaluated the practice and the results of those reviews.

**Submit a list of attachments and documentation with this application**

|  |  |
| --- | --- |
| **Authorized Signature:**  *I certify that the information contained in this application (including all attachments) is complete and accurate to the best of my knowledge.* | |
| Signature of Applicant or Authorized Representative | Date |
| Print Name | Title |
|  | |
| **For Office Use Only:** | |
| **Application #** **Date Application Received:** | |
| **Date Completeness Determined:** **Date Notice Sent to Applicant:** | |
| **FINAL DECISION:  Approve  Deny Final Decision Date:** **Date Decision Sent:** | |