

UPDES CAFO General Permit (UTG080000)
Weekly Mortality Management Records

Instructions: Use this form to document animal mortality management in accordance with the approved NMP and NRCS Conservation Practice Standard 316 (Animal Mortality Facility). For each mortality, complete page 1 with the information listed below. Make additional copies if needed.

- *Week: Enter the date range for the weekly record (e.g., 1/12/20 – 1/18/20) and document all mortalities for that week in a single row. For facilities with less frequent mortalities, enter the date the animal(s) died.*
- *Management Method: Indicate whether the animal(s) was removed from the CAFO site, or disposed of on site.*
- *Management Date(s): Record the date(s) the animal(s) was removed or disposed. If daily, enter “daily.”*
- *Amount: Record the amount (in pounds) of animal(s) removed or disposed.*
- *Disposal Method: Indicate the method of disposal whether removed from the site (e.g., rendering, landfill) or disposed of on site (e.g., burial, composting).*
- *Disposal Location: If removed from the site, indicate name and location of the renderer or hauler; if disposed of on site, indicate the disposal location (narrative description, GPS coordinates, etc.).*
- *NRCS 316?: Check to indicate whether the mortality management practices were conducted in accordance with the current version of the Utah Natural Resources Conservation Service’s (NRCS) Animal Mortality Facility Conservation Practice Standard (Code 316). If “no,” complete Page 2.*
- *Initials: Enter the initials of the person completing the record.*

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Week	Management Method	Management Date(s)	Amount (pounds)	Disposal Method	Disposal Location	NRCS 316?	Initials
	<input type="checkbox"/> Removal <input type="checkbox"/> On site disposal					<input type="checkbox"/> Yes <input type="checkbox"/> No*	
	<input type="checkbox"/> Removal <input type="checkbox"/> On site disposal					<input type="checkbox"/> Yes <input type="checkbox"/> No*	
	<input type="checkbox"/> Removal <input type="checkbox"/> On site disposal					<input type="checkbox"/> Yes <input type="checkbox"/> No*	
	<input type="checkbox"/> Removal <input type="checkbox"/> On site disposal					<input type="checkbox"/> Yes <input type="checkbox"/> No*	
	<input type="checkbox"/> Removal <input type="checkbox"/> On site disposal					<input type="checkbox"/> Yes <input type="checkbox"/> No*	
	<input type="checkbox"/> Removal <input type="checkbox"/> On site disposal					<input type="checkbox"/> Yes <input type="checkbox"/> No*	
	<input type="checkbox"/> Removal <input type="checkbox"/> On site disposal					<input type="checkbox"/> Yes <input type="checkbox"/> No*	
	<input type="checkbox"/> Removal <input type="checkbox"/> On site disposal					<input type="checkbox"/> Yes <input type="checkbox"/> No*	
	<input type="checkbox"/> Removal <input type="checkbox"/> On site disposal					<input type="checkbox"/> Yes <input type="checkbox"/> No*	
	<input type="checkbox"/> Removal <input type="checkbox"/> On site disposal					<input type="checkbox"/> Yes <input type="checkbox"/> No*	
	<input type="checkbox"/> Removal <input type="checkbox"/> On site disposal					<input type="checkbox"/> Yes <input type="checkbox"/> No*	
	<input type="checkbox"/> Removal <input type="checkbox"/> On site disposal					<input type="checkbox"/> Yes <input type="checkbox"/> No*	
	<input type="checkbox"/> Removal <input type="checkbox"/> On site disposal					<input type="checkbox"/> Yes <input type="checkbox"/> No*	
	<input type="checkbox"/> Removal <input type="checkbox"/> On site disposal					<input type="checkbox"/> Yes <input type="checkbox"/> No*	
	<input type="checkbox"/> Removal <input type="checkbox"/> On site disposal					<input type="checkbox"/> Yes <input type="checkbox"/> No*	

* Explain "No" response on page 2.

Facility Name: _____

Provide the information below for each mortality management event that does not comply with NRCS Conservation Practice Standard 316 (Animal Mortality Facility). Make additional copies as needed.

Mortality Date:	
Identify the NRCS 316 criteria that were not followed:	
Explain why the NRCS 316 criteria were not followed:	
Describe how the mortality management practices used provide equal or better protection of the resource concerns addressed in the NRCS 316 standard.	

Mortality Date:	
Identify the NRCS 316 criteria that were not followed:	
Explain why the NRCS 316 criteria were not followed:	
Describe how the mortality management practices used provide equal or better protection of the resource concerns addressed in the NRCS 316 standard.	

Facility Name: _____ 2