

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We Protect Hoosiers and Our Environment.

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Eric J. Holcomb

Governor

Bruno L. Pigott

Commissioner

January 16, 2019

Mr. Jeff Dale Riser Farms, LLC 621 W 1050 N North Manchester, IN 46962

Dear Mr. Dale,

Re: Inspection Summary Letter

Riser Farms, LLC Farm No. 6894

North Manchester, Wabash County

On January 15, 2019, a representative of the Indiana Department of Environmental Management, Office of Land Quality, conducted an inspection of the above-referenced facility. This inspection was conducted pursuant to IC 13-14-2-2. For your information, and in accordance with IC 13-14-5, a summary of the inspection is provided below:

Type of Inspection:

Routine

Results of Inspection:

No violations were observed (see attached inspection report).

Please direct any questions regarding this letter to Mr. Chris Lowell, 317-650-3191 or clowell@idem.in.gov.

Sincerely,

Charles P. Grady, Section Chief

Charles P. Stady

Confined Feeding Operation Compliance

Office of Land Quality

Enclosure

cc: Wabash County Health Department





Operational Standards

CFO INSPECTION REPORT INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

| Inspector's Name: | Chris Lowell | |
|-------------------|---------------------|------------|
| | Jeff Dale | Operator |
| Others Present | Jim Dale | Operator |
| | Kristin Whittington | Consultant |
| Date: | 1/15/19 | |
| Time In: | 11:15 AM | |
| Time Out: | 12:00 PM | |

| | 12.001 W | | |
|---|--|---|--|
| | General Information | | |
| Inspection Type | | | |
| Inspection Type | CFO Routine | | |
| Facility Information | | | |
| Facility Name: | Facility Name: Riser Farms, LLC | | |
| Facility Location: | Street Address: 587 W 1050 N City: North Manchester State: IN Zip Code: 46962 County: Wabash | | |
| Facility Mailing Information: | Mailing Address: 621 W 1050 N Mailing City: North Manchester Mailing State: IN Mailing Zip Code: 46962 | | |
| Facility Contact Information: | Contact Person: Jeff Dale Contacts Phone Number: 260-750-0113 Contact Fax Number: Contact E-mail Address: | | |
| Owner Contact Information | Owner Name: Creekside Farms, Inc. Owner Phone Number: Owner Fax Number: Owner E-mail Address: | | |
| Facility ID | | | |
| Log Number | 6894 | | |
| Animal Types | | | |
| Animals Present | Finishers | | |
| Manure Management Systems | | | |
| Type of Manure Management System | Below Ground Liquid Storage Tank | | |
| Approved Structures | | | |
| Number of Permitted Structures | | 1 | |
| Number of Observed Structures | | 1 | |
| Outstanding Issues | | | |
| Last Inspection Date: | 5/1/2018 | | |
| Previous Violation(s): | CYes €No | | |
| | | | |
| | Checklist | | |
| Discharge and Spill Requirements ☐ Unpermitted Discharge ☐ Spill Not Reported ☐ Spills Not Managed | Approval and Performance Standards No Valid Approval Approval Condition Access Denied | | |

Manure Application Activities

| Maintenance and Operation Improper Freeboard Markers Not Maintained Unapproved Manure Storage Self Monitoring Earthen Berm Not Maintained Removal of Accumulated Solids Vegetation Management System Feedlot Run-Off Transport & Handling Mortality Management | Staging Run-Off Ponding Spray Irrigation C Transport and Ha Emergency Applic Manure Applied for Manure Applied to | andling cation, Snow and Frozen Ground rom Roadway o Erodible Soils |
|---|--|---|
| Operating Record Requirements Farmstead Plan Manure Management Plan Ground Water Monitoring Storm Water Pollution Prevention Plan Certification Certification by a Registered Professional Engineer Construction Requirements Self Monitoring Records Emergency Response Plan Land Use Agreements Justification of Nitrogen Losses Land Application Records for 5 Years Emergency Land Application of Manure Spill Documentation Spray Irrigation Plan Land Application Monitoring Activities Marketing and Distribution Records for 5 Years Maintenance Activities on Liquid Manure Storage Facilities Setback Waivers Approvals | Land Application R Required Acreage Manure and Soil Apply at Agronom Land Application Marketing & Distriction Information Sheet | e for Manure Application Testing nic Rate Records ibution |
| Storm Water Management Applicability Storm Water Management | Exiting Program Decommissioning Exiting the Progra Closing the Opera | am Requirements |
| General Cor | | |
| This site visit was a routine inspection. The farm consists of 1 bar pigs. There were 950 finishers onsite. The permit expires on 5-10 A review of the operating record requirements was completed. All date. Manure will be given to local farmers. This barn has been lightly s Kopkey will be hired to apply the manure. The last manure sample Whittington, has a fertilizer distributor license from the State Chem distribution of manure in the future. None of the operators of the farm revealed that all permitted structure and seeded with visible vegetation started. The perimeter tile sum nitrogen was detected. Dead animals are composted. CFO# 6895 was inspected immediated. Description of Violations The findings noted in this report do not include a compliance evaluation for the such ange notifications, as-built plans, waste storage structure close. | operating record requires tocked so no manure have was received on 4-16- nist. She claims that she arm have the license. The was sampled for a stelly after this inspection and Further Action to be seen a stelly after the same to the same that the same t | rements were present and up-to- as been removed from the pit yet18. Jeff's consultant, Kristin e will supervise marketing and an. The ground had been graded ammonia nitrogen. No ammonia an. ns. on notifications, construction affidavits, facility |
| | | |
| Inspection Documentation | | |
| Photograph's Taken | | CYes No |

| Map(s) | | CYes No | |
|--|--|--|--|
| GPS Location Collected Field Screening Conducted | | CYes @No | |
| | | | |
| Lab Sample | CYes ©No | | |
| Inspection Results/Actions | | | |
| Bio-Security | IDEM Bio-Security Policy Level 2 observed during time of inspection. | | |
| Single Media Inspection Results | No violation(s) were discovered with respect to the particular items observed during the inspection. | | |
| Compliance Assistance Visit | | | |
| Certificate of Compliance | | | |
| Finalize Inspection | | | |
| Written Summary of Inspection | Notice of Inspection and | Notice of Inspection and/or Verbal Summary Provided. | |
| | Inspector: | Chris Lowell | |
| Inspector Information | Phone Number: | (317) 650-3191 | |
| | Email Address: | clowell@idem.in.gov | |