



Haldimand
County

**Data Sheet-Minimum Distance Separation (MDS) –
Agricultural Code of Practice**

Form 3S

This form is to be completed and attached to the application when applying for a new non-farm use in the vicinity of an existing livestock facility. Please complete one sheet for each set of farm buildings.

Roll No. _____ File No. _____

Owner of Livestock Facility _____ Telephone () _____

Geographic Township _____ Lot _____ Concession _____

Closest distance from the livestock facility to the new use _____ metres

Closest distance from the manure storage to the new use _____ metres

Tillable hectares on property where livestock facility is located _____

Livestock Type	Existing # of Livestock	Total Housing Capacity (#)	Manure System (Check one box)				
			Roofed Storage or Covered Tank		Open Solid Storage	Open Liquid Tank	Earthen Manure Storage
			Solid	Liquid			
DAIRY <input type="checkbox"/> Milking Cows <input type="checkbox"/> Heifers							
BEEF <input type="checkbox"/> Cows (Barn confinement) <input type="checkbox"/> Cows (Barn with yard) <input type="checkbox"/> Feeders (Barn confinement) <input type="checkbox"/> Feeders (Barn with yard)							
SWINE <input type="checkbox"/> Sows/Boars <input type="checkbox"/> Weaners (4 - 30 kg) <input type="checkbox"/> Feeder Hogs							
POULTRY <input type="checkbox"/> Chicken Broiler/Roasters <input type="checkbox"/> Caged Layers <input type="checkbox"/> Chicken Breeder Layers <input type="checkbox"/> Pullets <input type="checkbox"/> Meat Turkeys (>10kg) <input type="checkbox"/> Meat Turkeys (5-10 kg) <input type="checkbox"/> Meat Turkeys (<5 kg) <input type="checkbox"/> Turkeys Breeder Layers							
HORSES							
SHEEP <input type="checkbox"/> Adult Sheep <input type="checkbox"/> Feeder Lambs							
MINK - Adults							
VEAL <input type="checkbox"/> White <input type="checkbox"/> Red (<30 kg)							
GOATS <input type="checkbox"/> Adult Goats <input type="checkbox"/> Feeder Goats							
OTHER (e.g. Ducks, Emu, Fox, Ostrich, Rabbit)							

The above information was supplied by: _____

Signature _____

Date _____