



Date: 9/8/16

**COMPANY INFORMATION**

<b>Company Name:</b> Neucadia / Harvey Milling Co	
<b>Phone:</b> 989.584.3466	<b>Web Site:</b> http://www.neucadia.com/
<b>Address:</b> PO Box 816	<b>City:</b> Carson City
<b>State:</b> MI	<b>Zip Code:</b> 48811

**BUSINESS CONTACT**

**TECHNICAL CONTACT**

<b>Name:</b> Jim Sheppard	<b>Name:</b> Jim Sheppard
<b>Phone:</b> 989.763.6117	<b>Phone:</b> 989.763.6117
<b>Email:</b> shep@harveymilling.com	<b>Email:</b> shep@harveymilling.com
<b>Address:</b> PO Box 816	<b>Address:</b> PO Box 816
<b>City:</b> Carson City	<b>City:</b> Carson City
<b>State:</b> MI	<b>State:</b> MI
<b>Zip Code:</b> 48811	<b>Zip Code:</b> 48811

**BUSINESS HISTORY**

**How long have you been in business?** Since 2015

**Are you part of a larger company?**  Yes  No

**Did you exist as another company before this company was formed?**  Yes  No

*If so, what was that company's name?*

**Number of employees?** 6

**What is your business structure?** Corporation

**What types of insurance and or surety do you provide?**

**References. Please provide customers or colleagues with whom we can discuss your business and performance.**

*Please include a separate list with company name, location, contact name and contact information.*

None at this point, pilot testing

**Describe your business service(s).** *For example: consulting, development, engineering, equipment sales, finance, other.*

Equipment sales, planning.  
Partners provide engineering & integration

**Area or region of operation.**

North America

**Does your company hold any patents or the rights to any patents?** *Please identify.*

Yes, plate press

**Do you manufacture equipment?**  Yes  No *Please describe.*

**Do you integrate equipment manufactured by others?**  Yes  No

*If you integrate, please list the names of the companies you represent.*

**How do you answer potential customer's question about financial strength of your company?**

Response not given

**Do you offer technical/service support?**  Yes  No *If so, what methods?*

No, technical & consulting from Five G

**Do you offer design services?**  Yes  No *Please describe.*

**Do you offer financing?**  Yes  No *If so, what terms?*

**Are you a full stop shop?** *Design to construction to operate?*  Yes  No *Please describe.*

**Do you have preferred partners?**  Yes  No

*If so, please list and provide contact information/identify partners by name.*

Do you have any third-party verification/research that has been done on this technology?  Yes  No

If so, please describe.

Do you provide a performance guarantee?  Yes  No

If so, what are you guaranteeing? For example: up time, methane production, biogas production, parasitic load, throughput, O&M cost, percent recovery, other.

Yes, throughput and efficiency. Site specific.

Are there any other aspects of your business that you feel should be included in this document?

Response not given

**INITIAL TECHNOLOGY OVERVIEW**

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This information is to guide in the development of a more specific and detailed Technology Information Request. Please answer the following questions for each Technology or Service Provided.

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**What is the name of the technology or service?**

Plate press

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**What unit process is the technology used in?**

*For example: initial collection/transfer manure storage, energy recovery, primary/coarse solids recovery, advanced suspended/fine solids recovery, drying, struvite production, nitrification denitrification, ammonia stripping, algae, vermi composting, membrane filtration, evaporation, other.*

Sand & primary solids recovery, innovative plastic coated plate press that can manage sand-laden dairy manure

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**How many systems have you installed on dairy farms or other livestock operations?**

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**Size of farm(s)?**

NA

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**Location of farm(s)?**

NA

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**What's the smallest/largest farm for your system?**

NA

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**Input material description/characteristics:**

*For example: raw manure, digestate, screened digestate, suitable non-farm feedstocks, other.*

Raw manure, sand-laden manure or digested liquid

**Does the technology treat the full manure stream for a farm or a fraction of the stream?**

Yes, full stream or a fraction. Driven by farms needs/desires

**Do you consider this a mature system or ongoing farm development?**

Under development

**Any weather constraints?**  **Yes**  **No** *Please describe.*

Cold weather protection necessary

**Any bedding constraints?**  **Yes**  **No** *Please describe.*

**Is this process scalable and to what extent (top and bottom limits)?**  **Yes**  **No** *Please describe.*

It appears that is should be scalable.

**Do you have a known scaling factor?**  **Yes**  **No** *Please describe.*

Input and output of your unit/system – do you have a mass balance analysis?  Yes  No *Please describe.*

Yes, rough mass balance

Do you consider this technology part of a larger system that you provide?  Yes  No *Please describe.*

Has your technology been accepted by the NRCS?  Yes  No *Please describe.*

Unknown

Would you be willing to provide information for a technical review?  Yes  No

Would you be willing to respond to a Request for Quotation (RFQ) on a generic project for comparison of your technology against other technologies in the same unit process?  Yes  No

Are there any other facts about this technology that you feel should be included in this document?

Response not given