



Appendix D

Medium Farm Operation (MFO) Annual Compliance Report

Facility Name: _____ Reporting Period (mm/dd/yyyy) / / to / /

MFO Permit Number: _____

I. TYPE AND NUMBER OF ANIMALS

Report the maximum number of each type of animal confined at this facility at any one time.

Type	Number in Open Confinement	Number Housed Under Roof
Mature Dairy Cows		
Veal Calves		
Cow/Calf pairs		
Swine (55 lb. or more)		
Swine (under 55 lb.)		
Horses		
Sheep or Lambs		
Turkeys		
Chickens (w/liquid system)		
Chickens (w/out liquid system)		
Ducks (w/liquid system)		
Ducks (w/out liquid system)		

II. MANURE, LITTER AND PROCESS WASTEWATER PRODUCTION

Report the estimated amount of manure, litter and process wastewater that were generated at this facility during the 12-month period covered by this report.

- A. Amount of manure generated in the 12-month period covered by this report. _____ tons
- B. Amount of litter generated in the 12-month period covered by this report. _____ tons
- C. Amount of process wastewater generated in the 12-month period covered by this report.
 _____ gallons

III. MANURE, LITTER AND PROCESS WASTEWATER TRANSFERRED TO OTHER PERSONS

Report the estimated amount of manure, litter and process wastewater that were transferred to other persons during the 12-month period covered by this report.

- A. Amount of manure generated in the 12-month period covered by this report. _____ tons
- B. Amount of litter generated in the 12-month period covered by this report. _____ tons
- C. Amount of process wastewater generated in the 12-month period covered by this report.
 _____ gallons

IV. LAND APPLICATION OF MANURE, LITTER AND PROCESS WASTEWATER

A. Report the total number of acres of land that are covered by this facility’s nutrient management plan. Include all land application areas covered by the nutrient management plan, whether or not they were used for land application during the 12-month period covered by this report.

Total number of land application acres covered by the nutrient management plan. _____ acres

B. Report the total number of acres of land where manure, litter, or process wastewater generated at this facility was spread. Include only land application areas that are under the control of this MFO facility.

Total number of acres under the control of the MFO used for land application used for land application during the 12-month period covered by this report. _____ acres

V. SUMMARY OF DISCHARGES

Provide a summary of each discharge of manure, litter, and process wastewater discharge from the production area(s) that occurred during the 12-month period covered by this report. Attach additional sheets if necessary.

Date	Time	Location	Description	Volume

Date: The date of the discharge. If the discharge was detected after it happened, give an estimate of the date when the discharge occurred.
Time: The time of the discharge. If the discharge was detected after it happened, give an estimate of the time when the discharge occurred.
Location: The location of the discharge to waters of the state. Be specific. Include the name of the water body and a specific description of where the manure, litter, or process wastewater entered the water body. Include landmarks or other points of reference
Description: Provide other relevant information about the discharge including the source, cause, composition and impacts observed.
Volume: Give an estimate of the number of gallons or tons of manure, litter, or process wastewater discharged.

VI. NUTRIENT MANAGEMENT PLAN

Indicate whether the facility’s nutrient management was either developed or approved by a certified nutrient management planner.

Was the current version of this facility’s nutrient management plan prepared or approved by a certified nutrient management planner? Yes No

I _____, certify under penalty of law that this document and all attachments were prepared under my direct supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Applicant:		Date:	
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A complete and accurate Annual Report must be submitted to:
 Abigail Pajak
 The Vermont Agency of Agriculture, Food and Markets
 116 State Street, Drawer 20
 Montpelier, VT 05620-2901