



STATE OF VERMONT

DO NOT FILL OUT THIS SECTION FOR AGENCY USE ONLY

Latitude _____ Longitude _____
MFO Permit Number _____

AGENCY OF AGRICULTURE, FOOD & MARKETS
ARMES & Laboratories Division

Notice of Intent to Comply (NOIC)

For coverage under the Vermont Medium Farm Operation (MFO) General Permit

A. OWNER/OPERATOR INFORMATION

Owner Name _____ Operator Name _____
Business Name _____ Phone _____
Farm Physical Location _____
City _____ State | ___ | ___ | Zip Code _____
Farm Mailing Address _____
City _____ State | ___ | ___ | Zip Code _____
Email _____

B. FARM/OPERATION INFORMATION

Table with 2 columns: Type, Number Of Animals. Rows include categories like Mature Dairy Cows, Youngstock or Heifers, Veal Calves, etc.

- Checkboxes for LFO, SFO, and Small Farm Operation criteria.

C. NUTRIENT MANAGEMENT PLAN (which meets state MFO requirements)

- Questions 1-5 regarding nutrient management plan development, implementation, and waste transfer.

D. TYPE OF CONTAINMENT, STORAGE AND CAPACITY

Type of Storage/Containment	Estimated # of Days of Storage	Total Capacity (gallons/tons)	Have you Received Cost Share for the Storage/Containment
<input type="checkbox"/> Liquid Waste/Manure Storage			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Semi-Solid Waste/Manure Storage			<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Waste Management	To Manure Storage	Other	No System	Have you Received Cost Share for the Storage/Containment
<input type="checkbox"/> Milkhouse Waste/ Processed Wastewater				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Silage Leachate System				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Barnyard Runoff System				<input type="checkbox"/> Yes <input type="checkbox"/> No
Clean Water Diversion System Installed				<input type="checkbox"/> Yes <input type="checkbox"/> No
Animals confined within the production area have access to waters of the state				<input type="checkbox"/> Yes <input type="checkbox"/> No

E. SIGNATURE

I _____ am filing notice of my intent to comply with the General Permit for Medium Farm Operations for the State of Vermont issued by the Vermont Agency of Agriculture, Food and Markets. I have a copy of the General Permit for Medium Farm Operations for the State of Vermont. I have read the General Permit for Medium Farm Operations for the State of Vermont, and I will comply with all of the provisions therein. I certify that I have examined the information submitted in this notice and all attachments, and that the information contained herein is true, accurate and complete.

Signature of Applicant:	Date:
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For coverage, a complete and accurate NOIC must be submitted to:

MFO Permitting Program
The Vermont Agency of Agriculture, Food and Markets
Agricultural Resource Management, Environmental Stewardship and Laboratories Division (ARMES)
116 State Street, Drawer 20
Montpelier, VT 05620-2901

(802)828-6908 • (802)828-1397 • (802)828-0459