

- Please check here if your operation is **ABOVE** the animal number criteria listed (**LFO**).
- Please check here if your operation is **BELOW** the animal number criteria listed (**SFO**).
- Please check if your farm is a Small Farm Operation seeking coverage under the MFO general permit.

III. NUTRIENT MANAGEMENT PLAN (which meets MFO GP requirements)

1. Has a nutrient management plan been developed for this location? Yes No
 - a. If no, when will a nutrient management plan be developed? Date: _____
2. Is a nutrient management plan being implemented for the farm? Yes No
3. If not land applying, describe alternative use(s) of manure, compost and other wastes:

4. How many tons or gallons of manure, compost and other wastes produced by the MFO will be transferred annually to other persons? _____ tons/gallons (*circle one*)

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

II. FARM/OPERATION INFORMATION

Type	Number Of Animals
[200-699] Mature Dairy Cows (milked or dry)	
[300-999] Youngstock or Heifers	
[300-999] Veal Calves	
[300-999] Cattle and Cow/Calf pairs	
[750-2,499] Swine (55 lb. or more)	
[3,000-9,999] Swine (under 55 lb.)	
[150-499] Horses	
[3,000-9,999] Sheep or Lambs	
[16,500-54,999] Turkeys	
[9,000-29,999] Chickens (w/liquid system)	
[25,000-81,999] Chickens (w/out liquid system)	
[1,500-4,999] Ducks (w/liquid system)	
[10,000-29,999] Ducks (w/out liquid system)	

IV. 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 Waste Storage Facility	Other	No System	Have you Received Cost Share for the Storage/Containment
<input type="checkbox"/> Milkhouse Waste/ Processed Washwater				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Silage Leachate 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 a production area have access to waters of the state?				<input type="checkbox"/> Yes <input type="checkbox"/> No

V. APPLICANT SIGNATURE

By signing this form, 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 and 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 and I may be subject to the criminal sanctions of 13 V.S.A. § 3016 for false, misleading, or untrue representations on this form.

Signature of Applicant: _____ Date: _____

For coverage, a complete and accurate Notice of Intent to Comply must be submitted to:

Medium Farm Operations Program
Vermont Agency of Agriculture, Food and Markets
116 State Street
Montpelier, VT 05620-2901