Blue text provides descriptions/examples; delete and replace with black text that is appropriate for the operation. Black text is to be included in the cover sheet.

Use the most recent nutrient management plan cover sheet (Regular No-Land Cover Sheet) as a template, available on the ANMP website 🡪 Plan Writing Tools 🡪 8. Compiling and Reviewing Your Nutrient Management Plan 🡪 Cover Sheets.

(Updated 8/2/21)

**NUTRIENT MANAGEMENT PLAN**

**for**

**Name**

**Address**

**BRIEF DESCRIPTION OF OPERATION**: A brief but thorough description that demonstrates understanding of the operation. **The section** **must include: type/number of animals, size of operation, and county.** A plan reviewer should have a comprehensive understanding of the operation and what will be included in the nutrient management plan after reading this section.

**DATE OF PLAN**: (date completed)

**DURATION OF PLAN**: [from the date of completion to 3 years from that date]

An immediate update will be needed if a change in average annual number of **animal units** of 10 percent or greater occurs and if resultant manure production will require significant management adjustments. **Reminder: No-land plans do not require an update sheet as we cover the only reason for needing an update in this section.**

**MANURE MANAGEMENT:** In a sentence or 2, highlight the operator’s approach to manure management. For example, 1) manure that is collected from the poultry houses after each flock is stored in the manure shed until it is taken by the receiving farm, or 2) client performs litter conditioning after each flock, or 3) client windrows after every flock and removes 1/3 of litter every 3 years, or 4) client windrows after alternate flocks and removes cakeout after others. At this time, Mr. (client’s name) is in a litter management plan that does a complete cleanout every x years. The last complete cleanout was completed in 20xx. The next complete cleanout is expected in 20xx.

The operator must keep records of the quantity, date and destination of manure removed from the houses and off the farm. **Manure is exported to the following receiving facility or farm as available:** (Identify receiving entity and the town in which they are located; i.e. Perdue Agricycle, 28338 Enviroway, Seaford, DE 19973 or Joe Brown, Princess Anne, Maryland).

**BEST MANAGEMENT PRACTICES**: (Choose one: “Operator has a Soil Conservation Water Quality Plan and is implementing it as time and resources allow.” Or, “Operator will contact the Soil Conservation District about obtaining a Soil Conservation Water Quality Plan.”

(new wording)**RECORD KEEPING REQUIREMENTS**: The Water Quality Improvement Act requires that producers maintain records on manure management, animal numbers, and manure quantity.

The operator must keep records of the quantity, date, and destination of litter as it is removed from the production houses to either storage sheds or off-farm locations. Maryland Department of Agriculture (MDA) requires operators to report this information in their Annual Implementation Report (AIR) due to MDA March 1 each year. The *Litter Removal Data Shee*t in the **Recordkeeping** section of this plan can be used for tracking movement of litter. Or, alternatively, include the following sentence. The Poultry ***Operation Recordkeeping Guide and Quick Reference Booklet*** (pages 6 to 12) in the **Recordkeeping** section of this plan can be used for tracking movement of litter.

**Farm Identification Summary**

|  |  |  |  |
| --- | --- | --- | --- |
| **Farm Name** | **Tax Account ID Numbers** | **Watershed Location Code** | **Total Acres Farmed (Cropland and Pastures)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Manure Summary Table**

|  |  |  |  |
| --- | --- | --- | --- |
| **Animal Type and Number** | **Total Manure Generation**  **(units/yr)\*** | **Manure Avail. for Utilization (units/yr)\*** | **Manure Storage Capacity/Conditions** |
|  |  |  |  |
|  |  |  |  |

\*See manure generation sheets

(Be sure to indicate units for manure.)

|  |  |  |
| --- | --- | --- |
| Your Name Typed Here |  |  |
| Nutrient Management Advisor/ Certified Consultant |  |  |
| Certification #: |  |  |
| License #: |  |  |