

Instructions for Completing the New Plan Reporting Form

Certified consultants may help operators complete the form; however, the form **must** be signed by the operator.

Part A: Farmer/Operator Information

Information applies only to the person, and/or business that operates or makes primary decisions in the use and application of nutrients for the agricultural operation.

Part B: Farm Information

Total Farmed Acres and Pasture Managed Under Plan:

Indicate the total acreage managed under the submitted plan.

Operation Type(s): Identify the type of operation under the plan. (Check all that apply.)

Nutrient Sources: Identify the applicable nutrient source(s) used on the operation. (Check all that apply.)

Animal Type and Number: Identify the applicable type and number of animals on the operation. For poultry, indicate the number in thousands of birds per year. Example: 30,000 birds/flock x 5 flocks per year = 150,000 birds per year = 150 on form.

Total Manure Generated/Year: Indicate the total amount of manure generated by the operation in tons or gallons.

Manure Storage: Check Yes if there is manure storage for the operation. Check No if you have no storage.

Manure Exported: Check Yes if you exported manure or other organic nutrients from your operation in the last year.

Manure/Organics Imported: Check Yes if you imported manure or other organic nutrients to your operation in the last year.

Account ID(s): This is the unique 10 to 16 digit number used by the Maryland Department of Assessments and Taxation (MDAT) to identify a unit of land. These numbers are located on your tax bill(s). Account IDs can also be obtained via MDAT's website at:

http://sdatcert3.resiusa.org/rp_rewrite/

Include ALL Account IDs under this plan. Use additional pages or Page 2 of this form to record more than eight IDs. Do not include tract or field numbers.

Part C: Plan Information

Plan Start and End Dates: Indicate the starting and ending dates of your plan.

Parts of Plan Submitted: Check all items required for your plan. These items will be attached to this completed form and submitted to the proper MDA Regional Office.

Operation Acres Breakdown: Please indicate how many acres of crops, hay, pasture, agricultural products, or horticultural products comprise the acres covered under this plan.

Part D: Consultant Information

Operator Certified: Check this box if the nutrient management plan was developed by the person identified in Part A or a person with a financial interest in the farm/operation.

Consultant's First and Last Name: Write the full name of the consultant who developed your plan.

Certificate # and License #: Enter the Consultant's Certificate number and License number. These numbers were issued to the Consultant by the Maryland Department of Agriculture and found under their signature on your plan.

Part E. Farmer/Operator Signature

The person named in Part A of this form should sign it and date it here.

MDA Regional Nutrient Management Offices

Send this form and your plan to the Nutrient Management office listed for your county. If the operation straddles more than one county, please submit to the office where the majority of the operation is located.

Region 1: Allegany, Garrett, and Washington

Ashby Ruddle, 410-353-4320

P.O. Box 459

Hancock, MD 21750

Region 2a: Carroll and Frederick

Moana Himes, 410-353-4320

Region 2b: Anne Arundel, Howard, and Montgomery

Kenny Favorite, 410-507-4811

92 Thomas Johnson Drive, Suite 110

Frederick, MD 21702

Region 3: Calvert, Charles,

Prince Georges, and St. Marys

Weylin Anderson, 410-980-9479

P.O. Box 652

Leonardtown, MD 20650

Region 4a: Baltimore and Harford

Emilee Smith, 443-223-0403

P.O. Box 850

Bel Air, MD 21014

Region 4b: Cecil and Kent

Nick Miller, 410-991-3114

50 Harry S Truman Parkway

Annapolis, MD 21401

Region 5a: Caroline, Queen Anne's and Talbot

Howard Callahan, 410-279-4003

P.O. Box 549

Cordova, MD 21625

Region 5b: Dorchester, Somerset,

Wicomico, and Worcester

Steve Szelestei, 410-353-5660

P.O. Box 340

Marydel, MD 21649

Region 6: CAFO - Statewide

Robin Culver, 410-507-4949

27722 Nanticoke Road, Unit 2

Salisbury, MD 21801



NEW PLAN REPORTING FORM

For MDA Use Only
Producer ID
Date received

Part A: Farmer/Operator Information [] Owner/Operator [] Operator

Last Name: First name: SSN:
Farm/Business Name: Federal Tax ID
Street Address: Telephone:
City, State, Zip:
County: E-Mail Address:

Part B: Farm/Operation Information

Total Farmed Acres and Pasture Managed Under Plan:

Operation Type: [] Crop production [] Organic [] Other
[] Nursery/Greenhouse [] Animal [] No-land
All Nutrient Sources: [] Comm. Fertilizers [] Biosolids [] Animal Manure [] Other
Animal Type/No: [] Dairy [] Beef [] Horse [] Poultry (in 1,000/year)
[] Swine [] Sheep [] Goat [] Other

Total manure quantity generated/year: [] Tons [] Gallons
Manure Storage? [] Yes [] No Manure Exported? [] Yes [] No Manure/Organics Imported? [] Yes [] No

Account IDs (use Page 2 for Additional IDs):

- 1. 5.
2. 6.
3. 7.
4. 8.

Part C: Plan Information Plan Start Date: Plan End Date:

Parts of Plan Submitted: Map [] Yes [] No Operation Acres Breakdown:
Soil test [] Yes [] No [] N/A [] Crops [] Hay
Recommendations [] Yes [] No [] N/A [] Pasture [] Other

Part D: Consultant Information [] Operator Certified

First and Last Name: Certificate #
License #

Part E. Farmer/Operator Signature The above information is true and accurate to the best of my knowledge. A valid nutrient management plan will be followed during the current and upcoming cropping year.

Signature: Date:



NEW PLAN REPORTING FORM

| |
|---|
| <p>For MDA Use Only</p> <p>Producer ID _____</p> <p>Date received _____</p> |
|---|

Part A: Farmer/Operator Information

Last Name: _____ First name: _____ SSN: _____

Farm/Business Name: _____ Federal Tax ID _____

Part B: Farm Information - Additional Account IDs

- | | |
|-----------|-----------|
| 9. _____ | 26. _____ |
| 10. _____ | 27. _____ |
| 11. _____ | 28. _____ |
| 12. _____ | 29. _____ |
| 13. _____ | 30. _____ |
| 14. _____ | 31. _____ |
| 15. _____ | 32. _____ |
| 16. _____ | 33. _____ |
| 17. _____ | 34. _____ |
| 18. _____ | 35. _____ |
| 19. _____ | 36. _____ |
| 20. _____ | 37. _____ |
| 21. _____ | 38. _____ |
| 22. _____ | 39. _____ |
| 23. _____ | 40. _____ |
| 24. _____ | 41. _____ |
| 25. _____ | 42. _____ |

Farmer/Operator Signature The above information is true and accurate to the best of my knowledge.

Signature: _____ Date: _____