VERMONT
AGENCY OF AGRICULTURE, FOOD & MARKETS

Agricultural Resource Management Division
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www.vermontagriculture.com

General Permit for Medium Farm Operations (MFO GP)
Appendix D: Annual Compliance Report

Farm/Business Name:	Owner/Operator Name:
Reporting Period (mm/dd/yyyy): _____ /_____ /_____ to _____ /_____ /_____	

I. TYPE AND NUMBER OF ANIMALS

Report the maximum number of each type of animal confined at all of the facilities covered under the MFO GP at any one time.

Type	Number of Animals
Mature Dairy Cows (lactating and dry)	
Youngstock and Heifers	
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 AND WASTE PRODUCTION

Report the estimated amount of manure and waste generated from or imported to the facilities under this permit during the 12-month period covered by this report. Waste includes: spoiled feed, manure, milkhouse waste, washwater, leachate, used bedding, rainfall into waste storage structures, barnyard runoff, anaerobic digester substrates, and other dirty water.

A. Amount of **liquid manure and waste** generated or imported during the 12-month period covered by this report. _____ gallons

B. Amount of **solid or semi solid manure and waste** generated or imported during the 12-month period covered by this report. _____ tons

II. MANURE AND WASTE TRANSFERRED TO OTHER PERSONS

Report the estimated amount of waste transferred to other persons from the facilities under this permit during the 12-month period covered by this report.

A. Amount of **liquid manure and waste** transferred during the 12-month period covered by this report. _____ gallons

B. Amount of **solid or semi solid manure or waste** transferred during the 12-month period covered by this report. _____ tons

III. LAND APPLICATION OF MANURE AND WASTE

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

Total number of acres covered by the nutrient management plan(s). _____ acres

B. Report the total number of acres under the control of the MFO actually used for land application of manure and wastes during the 12-month period covered by this report. _____ acres

IV. SUMMARY OF DISCHARGES

Provide a summary of each discharge of waste 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 where the waste 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 and waste discharged.

VI. NUTRIENT MANAGEMENT PLAN

A. Is this facility's nutrient management plan up to date? □ Yes □ No

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

If no, was the nutrient management plan developed by farm staff? □ Yes □ No

VII. APPLICANT CERTIFICATION

I certify that the information contained in this Annual Compliance Report is, to the best of my knowledge and belief, 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: _____

A complete and accurate Annual Compliance Report must be submitted by April 30 each year to:
Medium Farm Operations Program
Vermont Agency of Agriculture, Food and Markets
116 State Street
Montpelier, VT 05620-2901