

Agricultural Water Quality Division 94 Harvest Lane, Suite 201 - Williston, VT 05495 [phone] (802) 828-1702 [fax] (802) 828-1715 www.agriculture.vermont.gov

General Permit for Medium Farm Operations (MFO GP)

Notice of Intent to Comply (NOIC)

Timeframe Covered Under MFO GP: Start (date signed)

For farms seeking coverage under the Vermont General Permit for Medium Farm Operations:

This is an operational permit accompanied by an annual operating fee.

I. General Information:	
Farm Owner/Operator:	Primary Phone: ()
Business Name:	Email :
Mailing Address:	
Main Facility: Name & E911 Location:	
Additional Facility: Name & E911 Location:	
Additional Facility: Name & E911 Location:	
Note- Attach addition sheets as necessary	

II. Animal Information

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(List the current animal numbers for each type for <u>all facilities</u> associated with the MFO at date of signature)

ני	MFO Threshold] & Animal Type	Current Number of Animals at Date of Signature	
[200-699] M	ature Dairy Cows (Milkers / Dry Cows)		
[300-999] Yo	oungstock or Heifers		
[300-999] Ca	attle and Cow/Calf pairs		
[750-2,499]	Swine (55 lb. or more)		
[3,000-9,999	9] Swine (under 55 lb.)		
[150-499] He	orses		
[3,000-9,99	9] Sheep or Lambs		
[16,500-54	999] Turkeys		
[9,000-29,9	99] Chickens (w/liquid system)		
[25,000-81,9	999] Chickens (w/out liquid system)		
[1,500-4,999	9] Ducks (w/liquid system)		
[10,000-29,9	999] Ducks (w/out liquid system)		
I. Nutrient Mana	agement Plan Information:		
a. Does the far	m land apply nutrients (manure, compost, f	ertilizer or other wastes) Yes	No
1. <u>lf no</u> , p	lease skip to Section IV.		
b. Does the far	m (including all associated facilities) have a	current nutrient management plan? Yes	No
1. <u>If yes</u> ,	please indicate date of NMP:		

2. If yes, please indicate NMP planner: ______

c. Is the farm utilizing the cu	urrent NMP to i	mplement crop	rotations, manure spreading	applications rates, and manure
spreading setbacks?	Yes	No		

d. Did the farm keep manure, fertilizer, and crop yield records?

_____Yes _____No

IV. Land Base Information:

	Corn	Нау	Pasture	Other:	Total
Owned Acreage					
Rented Acreage					

V. Waste Generation & Storage Information:

Total estimated amount of wastes generated for the next 12 months:	Liquid (gallons):
	Solid (tons / ft ³):
Total estimated amount of wastes imported for the next 12 months:	Liquid (gallons):
	Solid (tons / ft ³):
Total estimated amount of wastes exported/transferred for the next 12 months:	Liquid (gallons):
	Solid (tons / ft ³):
Total liquid storage available (gallons):	
Liquid waste generated/imported in 180 days (gallons):	(-)
Balance:	
Total semi-solid storage available (tons / ft ³):	
Semi-solid waste generated/imported in 180 days (tons / ft^3):	(-)
Balance:	

Name of Waste Storage Structure (s)	Total <u>Usable</u> Volume (gallons/tons/ft³)
Total Current Liquid Storage Available (gallons):	
Total Current Semi-Solid Storage Available (tons or ft ³):	
Note- Attach additional sheets as necessary	
VI. Water Quality Information:	

a. Have you identified any water quality concerns that you want to improve on your farm?	Yes	No	
1. <u>If yes</u> , please identify your concerns <u>:</u>			
b. Do you have any water quality improvements planned or in development?	Yes	No	

1. If yes, circle the following partners you are working with: NRCS, VAAFM, UVM Extension, Conservation District, Farmer Group

VII. Applicant Certification

I understand that by signing this form I am certifying that (1) I have a copy of and have read the General Permit for Medium Farm Operations for the State of Vermont issued by the Vermont Agency of Agriculture, Food and Markets (the MFO GP) and that (2) I will comply with the MFO GP. I certify that I have examined the information submitted in this Notice of Intent to Comply Form (NOIC Form) and attachments, and that the information contained in this NOIC Form and attachments is true, accurate, and complete. I understand that I may be subject to the criminal sanctions of 13 V.S.A. § 3016 for false, misleading, or untrue representations on this NOIC form and the attachments.

SIGNATURE OF FARM OWNER/OPERATOR	PRINTED NAME	DATE OF SIGNATURE
For coverage, a complete and acc	urate Notice of Intent to Comply m	ust be submitted to:
Vermont Agen	cy of Agriculture, Food and Market	S
Mediu	Im Farm Operation Program	
94	Harvest Lane, Suite 201	
	Williston, VT 05495	