

## 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

(List the **current** animal numbers for each type for all facilities associated with the MFO at date of signature)

[MFO Threshold] & Animal Type	Current Number of Animals at Date of Signature
[200-699] Mature Dairy Cows (Milkers / Dry Cows)	
[300-999] Youngstock or Heifers	
[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)	

### III. Nutrient Management Plan Information:

a. Does the farm land apply nutrients (manure, compost, fertilizer or other wastes) \_\_\_\_\_ Yes \_\_\_\_\_ No

1. If no, please skip to **Section IV**.

b. Does the farm (including all associated facilities) have a current nutrient management plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

1. If yes, please indicate date of NMP: \_\_\_\_\_

2. If yes, please indicate NMP planner: \_\_\_\_\_

c. Is the farm utilizing the current NMP to implement 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	Hay	Pasture	Other: _____	Total
<b>Owned Acreage</b>					
<b>Rented Acreage</b>					

**V. Waste Generation & Storage Information:**

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

Name of Waste Storage Structure (s)	Total <u>Usable</u> Volume (gallons/tons/ft <sup>3</sup> )
<b>Total Current Liquid Storage Available (gallons):</b>	
<b>Total Current Semi-Solid Storage Available (tons or ft<sup>3</sup>):</b>	

*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. If yes, please identify your concerns: \_\_\_\_\_

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 accurate Notice of Intent to Comply must be submitted to:**

Vermont Agency of Agriculture, Food and Markets  
 Medium Farm Operation Program  
 94 Harvest Lane, Suite 203  
 Williston, VT 05495