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| **Nutrient Management Plan** | | | | |
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| **For Crop Year(s)** | | | | |
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| Prepared For **Operator's Name, Mailing Address, Telephone Number(s)** | | | | |
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| **Operation’s Location Address (if different than above)** | | | | |
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| **Site Name (CAFOs)** | | | | |
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|  | | | | |
| Prepared By **Nutrient Management Specialist’s Name, Address, Telephone Number(s)** | | | | |
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| **Nutrient Management Specialist’s Program Certification Number** | | | | |
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| Administratively Complete Date | | | | |
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| **Plan Approval Date** | | | | |
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| Plan Update Submission Date(s) | | | | |
| (updates to the approved plan not requiring board action) | | | | |
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| **Additional Nutrient Management Plan Requirements** | | | |
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| **Manure Management and Stormwater BMP Implementation Summary** | | | |
| **Best Management**  **Practice** | **NRCS Practice**  **Code 1** | **BMP Location** | **Implementation**  **Season & Year** |
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| 1 If applicable, enter USDA-NRCS Practice Code. For other non-technical BMPs, leave blank. | | | |
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| **In-Field Manure Stacking Procedures**  Manure must be applied to the field within 120 days of stacking or the stacks must be covered. Stacks must be implemented and maintained according to sound BMPs, addressing concerns such as soil type, soil slope, shape of the pile, setbacks, and rotation of piles. | | | |
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| **Additional CAFO Requirements**  In-field stacking criteria, winter storage requirements, and other issues identified by DEP’s review of the nutrient management plan. | | | |
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| **Proposed Manure Storage Description**  Type, dimensions, volume, freeboard and location on map. | | | |
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| Description of Planned Alternative Manure Technology Practices Type of practice, volume of manure addressed, and result of practice. | | | |
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| **Exported Manure Summary**  Summarize in a short paragraph the arrangements proposed for the manure to be exported from the operation. This information is described in more detail in Appendix 8 of this plan. | | | |
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| **Operator Management Map** | | | |
| Three types of maps are required for an Act 38 Nutrient Management Plan: 1) Topographic Map, 2) Soils Map, and 3) Operator Management Map. The **Operator Management Map** is to be included here in the Nutrient Management Plan Summary and must include field identification, acreage and boundaries, manure application setback areas and buffers and associated landscape features (streams and other water bodies, sinkholes and active water wells), location of existing and proposed structural BMPs (including manure storage facilities), location of existing or proposed emergency manure stacking areas and in-field manure stacking areas, and road names adjacent to and within the operation. All features on the map must be clearly identified and include a legend for setback areas and other features. The Topographic Map and Soils Map must be included in Appendix 9. | | | |

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| **Appendix 1** | | | | | | | | | | | | | | | | |
| **Nutrient Management Plan Agreement & Responsibilities** | | | | | | | | | | | | | | | | |
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| **Plan Implementation Requirements** | | | | | | | | | | | | | | | | |
| **This nutrient management plan has been developed to meet the requirements of the following programs:** | | | | | | | | | | | | | | | | |
|  |  | | Pennsylvania Act 38 of 2005 | | | | | |  | CAO | |  | | VAO (check one) | | |
|  |  | | Pennsylvania CAFO (Concentrated Animal Feeding Operation) program | | | | | | | | | | | | | |
|  |  | | Other program: | | | | |  | | | | | | | | |
| Plans developed under these programs are required to be implemented as approved in order to maintain compliance with the specific law or program. Implementation includes adherence to manure and fertilizer application rates, timing, setbacks and conditions; installation of listed BMPs within implementation timeframes; and record keeping obligations of the program. | | | | | | | | | | | | | | | | |
| **The nutrient management plan has been developed as a: (check one)** | | | | | | | | | | | | | | | | |
|  |  | | | 1-Year Plan for Crop Year | | | |  | | (annual updates will be completed) | | | | | | |
|  |  | | | 3-Year Plan for Crop Years | | | |  | |  | | | | |  |  |
| **Records required to be maintained include the following:** | | | | | | | | | | | | | | | | |
| 1. Annual crop yields 2. Manure and fertilizer application rates, locations and date of application 3. Manure production figures for the various manure groups listed in your plan 4. Soil test reports (testing required every 3 years per crop management unit) 5. Manure test reports (testing required once a year for each manure group) 6. Number of animals on pasture, number of days on pasture, and hours per day on pasture 7. For operations exporting manure, Manure Export Sheets 8. BMP designs and certification for new liquid and semi-solid manure storage facilities | | | | | | | | | | | | | | | | |
| **The following has been confirmed:** | | | | | | | | | | | | | | | | |
|  | |  | | Verification of Ag E&S Plan | | |  | | | |  | | No Ag E&S Plan Required | | | |
|  | |  | | Verification of Existing Site Specific Emergency Response Plan | | | | | | | | | | | | |
| Verification that owners of rented/leased lands have been notified that a nutrient management plan has been developed which calls for manure to be applied to their lands and that they have no objections to the plan requirements. | | | | | | | | | | | | | | | | |
|  | |  | | Owners Notified | |  | No Rented/Leased Lands | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Specialist Signature** | | | | | | | | | | | | | | | | |
| I affirm that the information contained in this nutrient management plan is true, accurate and complete to the best of my knowledge and belief, based on information provided by the operator; that this plan has been developed in accordance with the criteria established for the program(s) indicated above; and that I have presented the final complete plan to the operator and discussed the content and implementation of this plan with the operator, subject to the penalties of 18 Pa.C.S.A. § 4904, relating to unsworn falsification to authorities. | | | | | | | | | | | | | | | | |
| **Specialist Signature** | | | | |  | | | | | | | | | | | |
| **Date** | | | | |  | | | | | | | | | | | |
| **Operator Signature** | | | | | | | | | | | | | | | | |
| I understand and agree that I will implement the practices, procedures and record keeping obligations as outlined in this plan in order to protect water quality and address the nutrient needs of the crops associated with the operation.  I agree that if I use a commercial hauler or broker for the application or export of manure, that only haulers or brokers that hold a valid certification issued by the Pa Department of Agriculture, under Act 49 of 2004, will be used. I affirm that all information provided in this nutrient management plan is true, accurate and complete to the best of my knowledge and belief, and reflects the current and planned activities of the operation; and that, if this plan was completed by a nutrient management specialist, I have reviewed the final completed plan and the specialist has discussed the content and implementation of this plan with me, subject to the penalties of 18 Pa.C.S.A. § 4904, relating to unsworn falsification to authorities. | | | | | | | | | | | | | | | | |
| **Operator Signature** | | | | |  | | | | | | | | | | | |
| **Operator Title** | | | | |  | | | | | | | | | | | |
| **Date** | | | | |  | | | | | | | | | | | |

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| **Appendix 2** | | |
| **Operation Information** | | |
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| **Operation Description**  Animal types and numbers; cropland, hayland and pastureland acreage; farmstead acreage; crop rotation (crops, sequence of crops, and number of years for each crop); manure group management (contributing animal groups, collection, storage and handling procedures); each animal group on pasture (animal numbers, grazing season, hours per day on pasture, fields grazed, type and description of grazing management – continuous or rotational) composting (including mortality) management. | | |
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| **County(s)** | | |
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| **Name of Receiving Stream(s)/Watershed(s)** | | |
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| **Notation of Special Protection Waters** | | |
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| **Operation Acres** | | |
| Total Acres: | |  |
| **Total Acres Available for Nutrient Application Under Operator’s Control** | | |
| Owned: |  | |
| Rented: |  | |
| **Names & Addresses of Owners of Rented or Leased Land and/or Facilities** | | |
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| **Existing Manure Storages & Capacity**  Type of storage, dimensions, useable capacity, freeboard, top or bottom loaded, dimensions and description of contributing runoff area, description of wastewater additions, types and amounts of bedding. Briefly describe, for each manure group, manure storage management during removal (degree of agitation, method of manure removal, extent the storage is emptied, type of unremoved manure, etc.) and manure sampling procedures. | | |
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| **Manure Application Equipment Capacity & Practical Application Rates**  Description of application equipment, practical application rates based on calibration and calibration method used, the data recorded during equipment calibration is to be retained on the farm. If applicable, name and Act 49 certification number of custom applicator. | | |
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| **Appendix 6** | |
| **Manure Management** | |
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| **Date of Site Evaluation:** |  |
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| **Statement Documenting Areas Evaluated During Site Evaluation**  List and clearly identify each of the specific areas evaluated. | |
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| **Identification of Inadequate Manure Management Practices and Conditions**  List of each specific inadequate manure management practice or condition identified. | |
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| **BMPs to Address Manure Management Problem Areas**  List of specific BMPs (including PA Technical Guide standard name and number) and management changes that will be implemented to address each of the inadequate practices listed above. | |
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| **Appendix 7** | |
| **Stormwater Control** | |
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| **Date of Site Evaluation:** |  |
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| **Statement Documenting Areas Evaluated During Site Evaluation**  List and clearly identify each of the specific areas evaluated. | |
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| **Identification of Critical Runoff Problem Areas**  List of each specific critical runoff problem area identified. | |
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| **BMPs to Address Critical Runoff Problem Areas**  List of BMPs (including PA Technical Guide standard name and number) and specific management changes that will be implemented to address each of the critical runoff problem areas listed above. | |
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| **Appendix 8** |
| **Importer/Broker Agreements & NBSs** |
| Nutrient Balance Sheets are not required for importers that have an approved Nutrient Management Plan. |
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| **Appendix 9** |
| **Operation Maps** |
| Three types of maps are required for an Act 38 Nutrient Management Plan: 1) Topographic Map, 2) Soils Map, and 3) Operator Management Map. The **Topographic Map and Soils Map** must be included here. The Topographic map must be drawn to scale and identify the land included in the plan with operation boundaries. The Soils Map must include the field identification and boundaries, soil types and slopes with soil legend. Adding P Index lines can be helpful on the Topographic or Soils map but are not required. The Operator Management Map must be included in the Nutrient Management Plan Summary. |
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| **Appendix 10** |
| **Supporting Information & Documentation** |
| Includes if applicable the Rainfall Additions Worksheet, Winter Application Matrix, Residual N Calculation Worksheet and other supplemental worksheets included in the NMP Spreadsheet. Attach information and documentation necessary to support plan content not included elsewhere in the NMP Spreadsheet or appendices. Examples include, but are not limited to, documentation of animal weights if Agronomy Facts 54 is not used, bedding calculations, or calculations for irrigation rates. |
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