



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY
DRINKING WATER AND ENVIRONMENTAL HEALTH DIVISION

LAND SITE MANAGEMENT (CROPPING PLAN) FORM

Business Name: _____ Septage License #: _____ Cropping Year: _____
Land Site Address: _____ Site ID #: _____ Land Owner's Name: _____
City: _____ Twp: _____ County: _____ Twn/Rng/Sec: _____ / _____ / _____

Previous Crop Grown	Jan.	Feb.	Mar.	Apr.	May	Jun.	July	Aug.	Sept.	Oct.	Nov.	Dec.	Next Crop <small>(to be grown following septage application in this or next cropping year)</small>
Field: _____ Acreage*: _____ Phosphorus Level: _____ lb./ac** Agronomic Application Rate (AAR): _____ gal/ac/yr													
Crop (list): _____													
Septage Applied:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Crop (list): _____													
Septage Applied:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Crop Use: Animal Feed Food Crop Erosion & Runoff Control Plow under Other: _____ Method of Septage Waste Application: Injection Surface

Erosion & Runoff Control Method: (Check all that apply) Border Strip Cover Crop Earth Berm Windbreak Tillage Across Slope Other: _____

Pathogen Reduction Method & Vector Attraction Reduction Method: (Check all that apply) Injection Lime Stabilization Surface Application & Incorporation within 6 hours
 Surface Application with Lime Stabilization & Incorporation within 48 hours Surface Application over Existing Actively Growing Crops/Vegetation with Lime Stabilization

Other Nutrient Sources to be Land Applied in Addition to Septage Waste: None* Chemical Fertilizers Manure Other
* If any other box apart from "None" is checked, calculate AAR using Option B.

Winter Disposal Plan (Dec. 21 – Mar. 21): Septage Waste Receiving Facility Septage Waste Storage Facility
(Check all that apply) No Land Application in winter months Land Application when ground is not frozen (Submit Initial Written Plan for Review and Approval)

Land Application of Food Establishment Septage (FES): Yes No If yes, explain how FES is combined with domestic septage and blended into a uniform mixture prior to land application.

Land Application of Portable Toilet Waste: Yes No Land Application of Holding Tank Waste: Yes No Septage Waste Storage Facility Available: Yes No

Septage Waste Applicator Calibration Rate = _____ gal/ac Drainage Tiles: Yes No Soil Group: _____ (See Guidance Manual)

Septage Application over Actively Growing Crops/Vegetation: Yes No If yes, explain type of crop, number, yield and use of cuttings, etc. or crop harvesting/grazing restrictions.

*Acreage: Proposed number of acres that will be used in the current cropping year. **Phosphorus Level: Pounds per acre = parts per million (ppm) x 2.

Check the Guidance Manual for definitions, description/explanation of items. Use additional sheets as necessary. Send copies to your local health department and EGLE.