



MANIFEST for LARGE CAFO WASTE

No. _____

This form is to be used where large CAFO waste (as defined in General Permit No. MIG010000) is sold, given away or otherwise transferred to another person (recipient) such that the land application of that large CAFO waste is no longer under the operational control of the large CAFO owner or operator that generates the large CAFO waste (generator). Once completed, this form is to be kept with the generator's CNMP for a minimum of five years.

GENERATOR INFORMATION: Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Waste Type: _____ (solid, liquid, beef, dairy, swine, poultry, compost, etc.)

"I hereby declare that the large CAFO waste is accurately described above and is suitable for land application. I further certify that the current nutrient analysis containing the necessary information for land application at agronomic rates for the waste described above has been provided to the recipient."

Signature: _____ Date: _____

RECIPIENT INFORMATION: Name: _____

Address: _____ City: _____ State: _____ Zip: _____

"I hereby declare that the large CAFO waste described above and in the nutrient analysis will be properly land applied in accordance with Part I. Section B.3. (Pages 9-14 of the permit as summarized on the back of this manifest form) and that the destination information provided below is accurate. If I land apply waste during January, February, or March and am unable to inject or incorporate the waste, I agree to meet the requirements of the Department 2005 Technical Standard for the Surface Application of CAFO Waste on Frozen or Snow-Covered Ground Without Incorporation or Injection (last page of the permit)."

Signature: _____ Date: _____

DESTINATION/DISPOSAL INFORMATION:

Field location or other destination/disposal information: _____

| | | | | | | |
|-------|----------|-------|----------|-------|----------|------------------------|
| _____ | | | | | | No. of Acres: _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | |
| Date | Quantity | Date | Quantity | Date | Quantity | |

Field location or other destination/disposal information: _____

| | | | | | | |
|-------|----------|-------|----------|-------|----------|------------------------|
| _____ | | | | | | No. of Acres: _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | |
| Date | Quantity | Date | Quantity | Date | Quantity | |

Field location or other destination/disposal information: _____

| | | | | | | |
|-------|----------|-------|----------|-------|----------|------------------------|
| _____ | | | | | | No. of Acres: _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | |
| Date | Quantity | Date | Quantity | Date | Quantity | |

Field location or other destination/disposal information: _____

| | | | | | | |
|-------|----------|-------|----------|-------|----------|------------------------|
| _____ | | | | | | No. of Acres: _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | |
| Date | Quantity | Date | Quantity | Date | Quantity | |



Daily Manure Application Record (Permit MIG010000)

| | | |
|------|----------|--------------------|
| Date | Field ID | Field size (acres) |
|------|----------|--------------------|

Weather

Forecast less than 70% of 1/2" inch rain? yes no (DO NOT SPREAD)

Weather conditions during spreading*
 sunny partly cloudy cloudy rain (DO NOT SPREAD)

**If differing conditions exist within 24 hours prior-to or after application, check multiple conditions and note timing*

Field Inspection (0 to 48 hours before land application) inspector

Tile(s) flowing **immediately** prior to spreading? yes no NA

describe flow color and odor (multiple outlets on back if necessary)

Soil cracking evident? yes no Field Condition: Residue Growing Crop
If yes, correct (till) prior to spreading on tiled land No-till Frozen¹ Snow-covered¹

Describe soil moisture dry moist saturated (DO NOT SPREAD)

Are conservation practices* functioning and in good condition? yes no NA

**Includes grassed waterways, buffer strips, diversions, etc. If "no" describe on back and DISCONTINUE SPREADING.*

Application Information

| | | | | | |
|--|--------------------------------|---------------|--|----|----|
| spreader name/ID | application method | capacity | time | am | pm |
| Daily Equipment Insp*: <input type="checkbox"/> No problems with leaks, structural integrity, or proper O&M <i>*DO NOT SPREAD if the box above is not checked. Record any corrective actions necessary on back.</i> | | | | | |
| manure source | loads | | | | |
| goal application rate/acre | | | | | |
| actual application rate/acre | total volume or weight applied | acres covered | | | |
| manure incorporation date or no incorp. explanation* | | | manure incorporation method | | |
| <i>*only: within 24 hrs, frozen, snow covered, or forage crop</i> | | | ¹ If not incorporating ensure Technical Standard has been followed. | | |

Tile Lines

Tile(s) flowing at end of daily spreading? yes no NA

describe flow color and odor (multiple outlets on back if necessary) Inspector:

Tile(s) flowing after first 1/2" rain w/in 30 days of application? yes no NA

date of inspection describe flow color and odor (multiple outlets on back if necessary) Inspector: