Instructions for Completing the New Plan Reporting Form

Certified consultants may help operators complete the form; however, the form **must** be signed by the operator.

Part A: Farmer/Operator Information

Information applies only to the person, and/or business that operates or makes primary decisions in the use and application of nutrients for the agricultural operation.

Part B: Farm Information

Total Farmed Acres and Pasture Managed Under Plan: Indicate the total acreage managed under the submitted plan.

Operation Type(s): Identify the type of operation under the plan. (Check all that apply.)

Nutrient Sources: Identify the applicable nutrient source(s) used on the operation. (Check all that apply.)

Animal Type and Number: Identify the applicable type and number of animals on the operation. For poultry, indicate the number in thousands of birds per year. Example: 30,000 birds/flock x 5 flocks per year = 150,000 birds per year = 150 on form.

Total Manure Generated/Year: Indicate the total amount of manure generated by the operation in tons or gallons.

Manure Storage: Check Yes if there is manure storage for the operation. Check No if you have no storage.

Manure Exported: Check Yes if you exported manure or other organic nutrients from your operation in the last year.

Manure/Organics Imported: Check Yes if you imported manure or other organic nutrients to your operation in the last year.

Account ID(s): This is the unique 10 to 16 digit number used by the Maryland Department of Assessments and Taxation (MDAT) to identify a unit of land. These numbers are located on your tax bill(s). Account IDs can also be obtained via MDAT's website at: http://sdatcert3.resiusa.org/rp_rewrite/

Include ALL Account IDs under this plan. Use additional pages or Page 2 of this form to record more than eight IDs. Do not include tract or field numbers.

Part C: Plan Information

Plan Start and End Dates: Indicate the starting and ending dates of your plan.

Parts of Plan Submitted: Check all items required for your plan. These items will be attached to this completed form and submitted to the proper MDA Regional Office.

Operation Acres Breakdown: Please indicate how many acres of crops, hay, pasture, agricultural products, or horticultural products comprise the acres covered under this plan.

Part D. Consultant Information

Operator Certified: Check this box if the nutrient management plan was developed by the person identified in Part A or a person with a financial interest in the farm/operation.

Consultant's First and Last Name: Write the full name of the consultant who developed your plan.

Certificate # and License #: Enter the Consultant's Certificate number and License number. These numbers were issued to the Consultant by the Maryland Department of Agriculture and found under their signature on your plan.

Part E. Farmer/Operator Signature

The person named in Part A of this form should sign it and date it here.

MDA Regional Nutrient Management Offices

Send this form and your plan to the Nutrient Management office listed for your county. If the operation straddles more than one county, please submit to the office where the majority of the operation is located.

Region 1: Allegany, Garrett, and Washington
Ashby Ruddle, 410-353-4320
P.O. Box 459
Hancock, MD 21750

Region 2: Frederick, and Montgomery
Matthew Marker, 667-270-2529
92 Thomas Johnson Drive, Suite 110
Frederick, MD 21702

Region 3: Anne Arundel, Calvert, Charles, Prince Georges, and St. Mary's
Weylin Anderson, 410-980-9479
P.O. Box 652
Leonardtown, MD 20650

Region 4a: Baltimore, Carroll, and Howard
Emilee Smith, 443-223-0403
P.O. Box 1095
Westminster, MD 21158

Region 4b: Cecil, Harford, and Kent
Craig McSparran, 410-991-3114
P.O. Box 1020
Chestertown, MD 21620

Region 5a: Caroline, Queen Anne's and Talbot
Steve Szelestei, 410-353-5660
P.O. Box 340
Marydel, MD 21649

Region 5b: Dorchester, Somerset, Wicomico, and Worcester
Colin McAllister, 667-270-1465
27722 Nanticoke Road, Unit 2
Salisbury, MD 21801

Region 6: CAFO - Statewide
Robin Culver, 410-507-4949
27722 Nanticoke Road, Unit 2
Salisbury, MD 21801

Maryland Department of Agriculture / Nutrient Management Program

NEW PLAN REPORTING FORM

For MDA Use Only
Producer ID _____
Date received _____

Part A: Farmer/Operator Information ☐ Owner/Operator ☐ Operator

Last Name:_____ First name: _____ SSN: _____

Farm/Business Name: _____ Federal Tax ID _____

Street Address: _____ Telephone: _____

City, State, Zip: _____

County: _____ E-Mail Address: _____

Part B: Farm/Operation Information

Total Farmed Acres and Pasture Managed Under Plan: _____

Operation Type: ☐ Crop production ☐ Organic ☐ Other _____
☐ Nursery/Greenhouse ☐ Animal ☐ No-land

All Nutrient Sources: ☐ Comm. Fertilizers ☐ Biosolids ☐ Animal Manure ☐ Other _____

Animal Type/No: ☐ Dairy ____ ☐ Beef ____ ☐ Horse ____ ☐ Poultry (in 1,000/year) _____
☐ Swine ____ ☐ Sheep _____ ☐ Goat _____ ☐ Other _____

Total manure quantity generated/year: ☐ Tons _____ ☐ Gallons _____

Manure Storage? ☐Yes ☐No Manure Exported? ☐Yes ☐No Manure/Organics Imported? ☐Yes ☐ No

Account IDs (use Page 2 for Additional IDs):

1. _____ 5. _____
2. _____ 6. _____
3. _____ 7. _____
4. _____ 8. _____

Part C: Plan Information Plan Start Date: _____ Plan End Date: _____

Parts of Plan Submitted: Map ☐Yes ☐No
Soil test ☐Yes ☐No ☐N/A
Recommendations ☐Yes ☐No ☐N/A

Operation Acres Breakdown:
☐Crops _____ ☐Hay _____
☐Pasture _____ ☐Other _____

Part D: Consultant Information ☐Operator Certified

Certificate # _____
First and Last Name: _____ License # _____

Part E. Farmer/Operator Signature The above information is true and accurate to the best of my knowledge. A valid nutrient management plan will be followed during the current and upcoming cropping year.

Signature: _____ Date:_____

Maryland Department of Agriculture / Nutrient Management Program

NEW PLAN REPORTING FORM

For MDA Use Only

Producer ID _____

Date received _____

Part A: Farmer/Operator Information

Last Name:_____ First name: _____ SSN: _____

Farm/Business Name: _____ Federal Tax ID _____

Part B: Farm Information - Additional Account IDs

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41. _____
42. _____

Farmer/Operator Signature The above information is true and accurate to the best of my knowledge.

Signature: _____ Date:_____