

## 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/](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**

Keith Potter, 301-777-1747 (x 3507)  
12407 Naves Cross Road, N.E.  
Cumberland, MD 21502

#### **Region 2a: Carroll, and Frederick**

Moana Himes, 301-695-2803 (x 8604)

#### **Region 2b: Anne Arundel, Howard and Montgomery**

Kenny Favorite, 301-695-2803 (x8605)  
92 Thomas Johnson Drive, Suite 110  
Frederick, MD 21702

#### **Region 3a: Vacant**

#### **Region 3 b: Calvert, Charles,**

#### **Prince George's, and St. Mary's**

Weylin Anderson, 301-475-8402 (x 6410)  
26737 Radio Station Way, Suite B  
Leonardtown, MD 20650

#### **Region 4: Baltimore, Cecil, and Harford**

Darren Alles, 410-638-4828 (x5220)  
3525 Conowingo Road, Suite 500  
Street, MD 21154

#### **Region 5a: Kent, Queen Anne's and Talbot**

Howard Callahan, 410-822-8126

#### **Region 5b: Caroline, and Dorchester**

Steve Szelestei, 410-822-8120  
28577 Mary's Court, Suite 4  
Easton, MD 21601

#### **Region 6: Somerset, Wicomico and Worcester**

Steve Dorsey, 410-677-0802 (x 4)  
27722 Nanticoke Road, Unit 2  
Salisbury, MD 21801



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 Operation Acres Breakdown:
Soil test [ ] Yes [ ] No [ ] N/A [ ] Crops [ ] Hay
Recommendations [ ] Yes [ ] No [ ] N/A [ ] Pasture [ ] Other

Part D: Consultant Information [ ] Operator Certified

First and Last Name: Certificate #
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:



**NEW PLAN REPORTING FORM**

<p>For MDA Use Only</p> <p>Producer ID _____</p> <p>Date received _____</p>
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**Part A: Farmer/Operator Information**

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_ SSN: \_\_\_\_\_

Farm/Business Name: \_\_\_\_\_ Federal Tax ID \_\_\_\_\_

**Part B: Farm Information - Additional Account IDs**

- |           |           |
|-----------|-----------|
| 9. _____  | 26. _____ |
| 10. _____ | 27. _____ |
| 11. _____ | 28. _____ |
| 12. _____ | 29. _____ |
| 13. _____ | 30. _____ |
| 14. _____ | 31. _____ |
| 15. _____ | 32. _____ |
| 16. _____ | 33. _____ |
| 17. _____ | 34. _____ |
| 18. _____ | 35. _____ |
| 19. _____ | 36. _____ |
| 20. _____ | 37. _____ |
| 21. _____ | 38. _____ |
| 22. _____ | 39. _____ |
| 23. _____ | 40. _____ |
| 24. _____ | 41. _____ |
| 25. _____ | 42. _____ |

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_