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
Keith Potter, 410-279-3506
P.O. Box 459
Hancock, MD 21750

Region 2a: Carroll, and Frederick
Moana Himes, 410-353-4320
Region 2b: Anne Arundel, Howard and Montgomery
Kenny Favorite, 410-507-4811
92 Thomas Johnson Drive, Suite 110
Frederick, MD 21702

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

Region 4: Baltimore, Cecil, and Harford
Nick Miller, 410-991-3114
P.O. Box 850
Bel Air, MD 21014

Region 5a: Kent, Queen Anne’s and Talbot
Howard Callahan, 410-279-4003
P.O. Box 549
Cordova, MD 21625
Region 5b: Caroline, and Dorchester
Steve Szelesti, 410-353-5660
P.O. Box 340
Marydel, MD 21649

Region 6: Somerset, Wicomico and Worcester
Robin Culver, 410-507-4949
27722 Nanticoke Road, Unit 2
Salisbury, MD 21801
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  ☐ 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: __________________________
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: __________________