

Nutrient Management Plan Land Application Work Sheet

North Dakota Department of Health, Division of Waste Management

Telephone: 701-328-5166 • Fax: 701-328-5200 • Website: <http://www.ndhealth.gov/wm>

This worksheet is intended to help implement the Department's **Guideline 30 - Nutrient Management Plans for Agricultural Processing Facilities** specifically for those generators who intend to land apply agricultural wastes or byproducts. Any person who operates an "agriculture processing operation" is subject to the provisions of the North Dakota Solid Waste Management Rules (NDAC 33-20). Please call the Department's Solid Waste Program at (701) 328-5166 to coordinate your plan with a Department staff member.

Guideline 30 can be downloaded at: <http://www.ndhealth.gov/wm>

A. Generator and Waste Description - please attach copies of pertinent analysis or description:

| | | | |
|-----------------------------------|-----------------------------|-----------|--|
| Facility Name: | Waste Type (describe): | | |
| Approximate Volume/Year: | How is the waste generated? | | |
| Contact Name | Telephone: | | |
| Street or PO Box Mailing Address: | Email Address: | | |
| City: | State: | Zip Code: | |

B. Application Site Location and Ownership - be as specific as possible (for example; SW1/2 of SE1/4 of NW1/4 Sec x...): May use supplemental sheets and maps as necessary. Also discuss any site specific issues as describe below:

| | | | | |
|--|-----------------|------------|----------------------|---------|
| Site 1. | of Section: | Township: | Range: | County: |
| Total Acreage: | Property Owner: | Telephone: | | |
| Application Rate (tons per acre or yards per acre): | | | | |
| Describe soil type, slopes, management issues (soil incorporation, tillage, etc.) - Please attach map (soil survey) with site highlighted: | | | | |
| Will material be stored on-site? If so, please describe: | | | | |
| Site 2. | of Section: | Township: | Range: | County: |
| Total Acreage: | Property Owner: | Telephone: | | |
| Application Rate (tons per acre or yards per acre) or thickness: | | | Date of application: | |
| Describe soil type, slopes, management issues (soil incorporation, tillage, etc.) - Please attach map (soil survey) with site highlighted: | | | | |
| Will material be stored on-site? If so, please describe: | | | | |

| | | | | |
|--|-----------------|------------|--------|---------|
| Site 3. | of Section: | Township: | Range: | County: |
| Total Acreage: | Property Owner: | Telephone: | | |
| Application Rate (tons per acre or yards per acre): | | | | |
| Describe soil type, slopes, management issues (soil incorporation, tillage, etc.) - Please attach map (soil survey) with site highlighted. | | | | |
| Will material be stored on-site? If so, please describe: | | | | |

C. As appropriate, discuss conservation management practices, including injection or tillage of the ag materials into the soils, crop residue and pasture management practices, use of conservation buffers, and other conservation practices to prevent surface water pollution:

D. County Agent and/or NRCS Review:

| | | |
|-----------------------------|-------------------|--------------|
| | | |
| Signature of County Agent: | Print Name/Title: | Date Signed: |
| Address: | | Telephone: |
| Signature of NRCS Official: | Print Name/Title: | Date Signed: |
| Address: | | Telephone: |

E. Signatures

| | | |
|--|-----------------------|--------------|
| I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who will manage this system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. Activities will be conducted in accordance with Departmental procedures. I am aware that there are significant penalties for submitting false information. | | |
| Applicant's Signature: | Print Name and Title: | Date Signed: |
| Applicant's Address: | | Telephone: |

Mail this worksheet and supplemental information to:

**ND DEPARTMENT OF HEALTH
DIVISION OF WASTE MANAGEMENT
918 E DIVIDE AVE 3RD FL
BISMARCK ND 58501-1947**

Staff Reviewer or Health District Inspector (or other authorized person): _____ Date: _____