

MMP Short Form for Annual Updates

CASHIER'S USE ONLY

0473-542-473B-0431 Facility Name Facility ID #

lowa law requires annual updated MMPs and fees to be submitted on or before the 1st of the month due. If the update is not submitted by the <u>due date</u>, DNR issues a Notice of Violation. If a <u>complete</u> update and fees are not submitted by the end of the month it is due, the late submittal is referred to DNR legal services for enforcement action, including a \$3,000 penalty. For facilities with IDALS 200A certification, include a copy of the certification and compliance fees with this form to meet annual update requirements.

Instructions:

- 1. Fill in name, ID number, location, and owner/contact information. Check applicable box(es) below. Sign (facility owner) and date the form.
- 2. Make copies of this form for yourself, each county and the DNR field office. Submit copy to each county and have each county sign the form.

Facility Name:	3. Submit a signed (by each county and faci	lity owner) form to t	he appropriate <u>[</u>	NR Field Offic	<u>e</u> .		
City State City	Facility Name:				Facility ID #:		
Owner's Name: Caddress City State City State City Email Address (optional): Phone Number: Phone Number: Contact Name: Phone Number: P	Facility Address:						
Mailing Address: (Address) (City) (State) (Zip)	(Ad	dress)		(City)	(State)	(Zip)	
City State City	Owner's Name:				Phone Number:		
Email Address (optional): Contact Name: Mailing Address: (Address) (City) (State) (Zip) Email Address (optional): Prior to making changes in manure management practices, update the on-site copy to show actual changes. Please select changes below and include all changes in your current, on-site MMP. I have made no changes to my MMP. I have made no changes to my MMP. I have made ano changes to my MMP. I have added acres; changed crop rotation or optimum yields; changed application method; used manure analysis. I am electing to be a small animal feeding operation (SAFO) or facility capacity has changed (Contact your local DNR Field Office). I have made other changes to my MMP. Describe: Signature of Facility Owner: Signature: County: Signature: Signature: Date: County: Signature: Date: Date: County: Signature: Date: Date: Date: County: Signature: Date: Date: Signature: Signature: Date: Signature: Signature: Date: Signature:	Mailing Address:						
Contact Name: City	(A	ddress)		(City)	(State)	(Zip)	
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VERIFICATION OF COUNTY RECEIPT: I have received a complete copy of the annual MMP update. County: Signature: Date: Date:	<u> </u>		FO) or facility c	apacity has o	changed (Contact your lo	cal <u>DNR Field Office</u>).	
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02/2017 cmc DNR 542 - 8162

Total AUC

X \$0.15