



MMP Short Form for Annual Updates

Iowa law requires confinement feeding operations to submit updated manure management plans (MMPs) and fees on an annual basis. The update, which must be submitted on this form, may be submitted any time in the 45 days prior to the due date. If the update is not submitted to the appropriate DNR field office by the [due date](#), a Notice of Violation will be issued. **If a complete update, including fees, is not submitted by the end of the month in which it is due, the matter will be referred to our legal services section for enforcement action, including a \$3,000 penalty.** The postmark is considered the submittal date for mailed updates.

Instructions:

1. Fill in the facility information including name, ID number, location, and owner/contact information. Check the box(es) below that apply to your operation. Sign and date the form.
2. Make copies of this form for yourself, the appropriate county or counties, and the DNR field office.
3. Submit a copy of this form and the changes to the plan to the appropriate county or counties.
4. Submit a copy of this form [signed and dated by the facility owner and by the county representative(s)] to the appropriate DNR field office. You do not need to submit the changes to the [DNR field office](#). Submit only this form.
5. Attach a copy of the compliance fee form (542-8064) along with a check made out to the DNR.

Facility Name: _____ Facility ID #: _____

Facility Address: _____
(Address) (City) (State) (Zip)

Location: _____
(¼) ¼ of the (¼) ¼ of Sec (Section) T (Tier & Range) R (Township Name) (County)

Owner's Name: _____ Phone Number: _____

Mailing Address: _____
(Address) (City) (State) (Zip)

Contact Name: _____ Phone Number: _____
(if different than owner)

Mailing Address: _____
(Address) (City) (State) (Zip)

Changes indicated below must be included in your current, on-site copy of the MMP (kept within 30 miles of the site). Prior to making changes in manure management practices, the on-site copy must be updated to show the proposed changes.

- I have made no changes to my MMP.
- I have made the following changes to my MMP:
 - I have added acres.
 - I have changed my crop rotation or optimum yields.
 - My type of feeding system has changed.
 - I used a different method of application.
 - I am using a manure analysis for determining application rates when applying manure
 - I am electing to be a small animal feeding operation (SAFO)
 - The manure has been removed/applied effective _____ (date)
 - The animal unit capacity of my facility has changed to _____ (AUCs)
 - Compliance Fee Form (542-8064) to be submitted with original election (no check required)
- The animal unit capacity of my facility has changed. (Contact your local DNR field office.)
- I have made (other) changes to my MMP. Describe: _____

Signature of Facility Owner: _____ Date: _____

VERIFICATION OF COUNTY RECEIPT: I have received a complete copy of the annual MMP update.

County: _____ Signature: _____ Date: _____

County: _____ Signature: _____ Date: _____

County: _____ Signature: _____ Date: _____

To be approved, the update must be submitted on this form, at least one of the boxes above must be checked, the form must be signed and dated by the county representative(s) and the facility owner, and the correct fees must be paid.