



**IOWA DEPARTMENT OF NATURAL RESOURCES  
ENVIRONMENTAL SERVICES DIVISION**



<b>Field Office #1</b> 909 W Main Ste 4 Manchester IA 52057 563-927-2640	<b>Field Office #2</b> 2300 15 <sup>th</sup> St SW Mason City IA 50401 641-424-4073	<b>Field Office #3</b> 1900 N Grand Ave Spencer IA 51301 712-262-4177	<b>Field Office #4</b> 1401 Sunnyside Ln Atlantic IA 50022 712-243-1934	<b>Field Office #5</b> 7900 Hickamn Rd Ste 200 Windsor Heights IA 50324 515-725-0268	<b>Field Office #6</b> 1023 W Madison Washington IA 52353 319-653-2135
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**Manure Management Plan Compliance Review – Nonsales of Manure**

<b>Site Visit Date</b> Current: _____ Last: _____	<b>Number of Animals:</b> _____	<b>Animal Units:</b> _____	<b>N-based</b> <input type="checkbox"/> <b>P-based</b> <input type="checkbox"/>	<b>Facility Location</b> County: _____	<b>Facility ID:</b> _____
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<b>Facility Tier Status</b>	<b>1</b> <input type="checkbox"/> <b>2</b> <input type="checkbox"/> <b>3</b> <input type="checkbox"/>	<b>Violation(s) Comments</b> _____ _____ _____
<b>Pre-visit:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Post-visit:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Clerical Violation(s)</b> <input type="checkbox"/>		
<b>Technical Violation(s)</b> <input type="checkbox"/>		

**Facility Name** \_\_\_\_\_ **Person(s) Contacted** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Facility Owner Information & Address Unchanged?** Yes  No  (Database must be updated)

**Address of Facility:** \_\_\_\_\_

Do you own or operate any other animal feeding operation within 2,500 feet?  Yes  No

<b>MMP Contents</b>		<i>Are requirements being met for the following items?</i>		
		<b>Yes</b>	<b>No</b>	<b>N.A.</b>
a.	Calculations to determine land area for application [65.17(4)]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Total nitrogen and phosphorus available, credits, application losses [65.17(5)]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Optimum crop yield, crop usage rate, and soils maps [65.17(6)]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Manure application methods and timing of application [65.17(7)]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Location of manure application and landowner agreements [65.17(8)]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Estimate of annual animal production and amount of manure produced [65.17(9)]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Methods, structures, or practices to reduce soil loss and potential surface water pollution (conservation plans for highly erodible land) [65.17(10)]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Does P Index no. generated correspond with P Index no. in plan? [65.17(17)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Are proper soil sampling methods being used to calculate P Index? [65.17(16)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Records Review</b>		<i>Are requirements being met for the following items?</i>		
		<b>Yes</b>	<b>No</b>	<b>N.A.</b>
j.	Copy of the current MMP [65.17(12)]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	Records kept for 5* years (or crop rotation if longer) maintained [65.17(13)]? *10/25/06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	Methods of application [65.17(13)a]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m.	Dates when manure was applied [65.17(13)b]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n.	Location of manure application and number of acres [65.17(13)c]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o.	Manure application rate [65.17(13)c]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p.	Statement of Intent for fields not owned or rented [65.17(13)e]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Field Observations of Manure Storage/Handling/Application &amp; Animal Disposal</b>		<i>Are requirements being met for the following items?</i>		
		<b>Yes</b>	<b>No</b>	<b>N.A.</b>
q.	Manure storage structures appear to be properly operated & maintained [65.2&65.15]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r.	Dead animals disposed of properly [567 IAC 100.4(455B) & Code of Iowa 167.18]?			
	Type: Compost <input type="checkbox"/> Incinerator <input type="checkbox"/> Burial <input type="checkbox"/> Rendering <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Discussion Items:</b>		<i>Were the following items discussed?</i>		
		<b>Yes</b>	<b>No</b>	<b>N.A.</b>
s.	Manure release notification made within 6 hours [65.2(9)]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t.	Deficiencies, violations, and tier status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u.	Recommendations, improvements, environmental issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v.	Manure applicator is certified [65.19]? Applicator name/number: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w.	Proper manure application [65.3(2)-(3)]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIALIST NAME** \_\_\_\_\_ **ON-SITE CONTACT** \_\_\_\_\_ **DATE** \_\_\_\_\_