



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



Field Office #1 1101 Commercial Ct Ste 10 Manchester IA 52057 563-927-2640	Field Office #2 2300 15 th St SW Mason City IA 50401 641-424-4073	Field Office #3 1900 N Grand Ave Spencer IA 51301 712-262-4177	Field Office #4 1401 Sunnyside Ln Atlantic IA 50022 712-243-1934	Field Office #5 6200 Park Ave Ste 200 Des Moines IA 50321 515-725-0268	Field Office #6 1023 W Madison Washington IA 52353 319-653-2135
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Manure Management Plan Compliance Review – Sales of Manure

Site Visit Date Current: _____ Last: _____ Facility ID: _____

Number of Animals: _____ Animal Units: _____ N-based P-based

Facility Tier Status **1** **2** **3** Facility Location County: _____

Pre-visit:

Post-visit: Clerical Violation(s) Technical Violation(s)

Violation(s) Comments _____

Facility Name _____

Person(s) Contacted _____ Phone _____

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

Address of Facility: _____

MMP Contents		Are requirements being met for the following items?	Yes	No	NA
a.	Current copy of IDALS certification for dry manure sales as soil conditioner [65.111(15)“a”]?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Calculations to determine land area for application [65.111(15)“b”(1)]?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Total nitrogen available and phosphorus available, credits, application loses [65.111(15)“b”(2)&(3)]?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Estimate of annual amount of animal and manure production [65.111(15)“b”(4)]?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Manure sales forms [65.111(15)“b”(5)]?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1. Name and address of the buyer of manure?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Quantity of manure purchased?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Optimum crop yield, crop usage rate, and crop schedule?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Manure application methods and timing of application?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Location of manure application and number of acres?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. Manure application rate?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Statements of intent or past manure sales records [65.111(15)“b”(6)]?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1. Name and address of person signing the statement?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Statement indicating intent of person to buy manure?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Location of farm to take manure and number of acres available?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Signature of the person who may buy the manure?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Does P Index no. generated correspond with P Index no. in plan?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Are proper soil sampling methods being used to calculate P Index [65.111(4)]?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Records Review		Are requirements being met for the following items?	Yes	No	NA
i.	Copy of the current MMP [65.111(7)]?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	Copy of 5* years of manure sales forms signed by each buyer and the applicant [65.111(15)“b”(7)]? *Effective Aug. 25, 2006, record requirements will change to five years.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

SPECIALIST NAME _____ ON-SITE CONTACT _____ DATE _____

