

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 due date, DNR issues a Notice of Violation. If a complete 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.

3. Submit a signed	I (by each cou	unty and	facility owne	er) form to	the ap	propriate	DNR Field Of			
Facility Name:								Facility ID #:		
Facility Address:										
	4/ C+L-		(Address)		_	r	(City)	(Stat	:e)	(Zip)
Location: (% %)	¼ of the	(1/4)	4 of Sec	(Section)	- 1 -	ا Tier & ۱)	NR Range)	(Township Name	<u></u>	(County)
Owner's Name:		(/4)		(Section,		(1161 04.	(ange)	Phone Number:	•	(Country)
Contact Name:								Phone Number:		
Contact Name								FIIOHE NUMBER	•	
Contact Address.	-		(Address)				(City)	(Stat	te)	(Zip)
below and include	e all changes	in your	nanagement r current, on	-	-	ate the or		to show actual chang	•	· · ·
I have made no	_	-		2224			- IID	Evnis	·· - Date	
Manure sold ur			-				Dealer ID		ation Date	
☐ In addition☐ I have added ad	n to selling m cres;	nanure a anged c animal	as indicated crop rotation feeding ope	d above, I n or optin eration (S <i>i</i>	also a _l mum yi	ipply man rields; 🔲	nure to fields changed ap	of Agriculture and Lar is using a manure ma oplication method; is changed (Contact y	anagemen used ma	t plan. anure analysis.
Signature of Facility Owner:								Date:		
VERIFICATION OF CO	DUNTY RECEI	PT: I hav	ve received a	complete	copy o	f the annu	ıal MMP updi	ate.		
County:		Signature:							ate:	
County:			Signat	ture:				Da	ate:	
County:			Signat						ate:	
and date, and pay Calculate the Animal below, then add all a	the correct I Unit Capacit animal units to	t fees. ity (AUC)	:): multiply the	ie maximur by \$0.15:	ım numl			, have each county a		
ANIMA	AL SPECIES		(Max	(Capacity)	, X (r	FACTOR)	AUC			
Slaughter or feeder o	cattle					1.0				
Immature dairy cattle	le					1.0				
Mature dairy cattle						1.4				
Swine over 55 lbs.						0.4				
Swine 15 lbs. to 55 lb	bs.; Sheep; Go	oats				0.1				
Horses						2.0		\neg		
Turkeys 7 lbs. or mor	re				\top	0.018		\neg		
Turkeys less than 7 lb	bs.				(0.0085		\exists		
Broiler or layer chick	kens 3 lbs. or i	more				0.01		\exists		
Broiler or layer chick	cens less than	3 lbs.			(0.0025		\exists		
Fish					1	0.001		Fee/AU	Comp	liance Fee Due
					Tc	otal AUC		X \$0.15	\$	