

MARYLAND DEPARTMENT OF AGRICULTURE

Manure Transport Project Application Instructions

Animal Manure (103) - Non Poultry Litter

Use of this Application/Agreement -

- A) This Application/Agreement is for the transport of manure (non-poultry litter) under the Manure Transportation Project.**
- B) This application /Agreement can only be used by an operation receiving manure for land application.**
- C) The Applicant may be an operation transporting manure within the operation.**
- D) Completion of this Application Agreement may require the assistance of a nutrient management consultant and/or assistance from the local soil conservation district.**

General Instructions -	1) Required - print out pages 1 through 4. Complete shaded areas. 2) After completing, attach the nutrient management plan for the receiving operation, or, print and complete page 5 if the "nutrient management plan summary" is being used in lieu of a nmp 3) Applicant signatures are required on pages 1 and 3, and, pages 5 and 6 if necessary. 4) Submit completed Application / Agreement to the Maryland Department of Agriculture or your local Soil Conservation District.
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Detailed Instructions

A) APPLICATION - SECTION I (Page 1) - REQUIRED

- 1) Complete - Social Security Number or Federal ID Number.
- 2) Complete - Soil Conservation District (county).
- 3) Complete - Telephone Number. Include area code.
- 4) Complete - Name, Farm Name, Address, City, State, and Zip.

Name:	John W. Smith	(and company if necessary)
Farm Name:	Doe Farm	
Address:	11 East West Road	
City/State/Zip:	Anytown, MD 99999	

- 5) Complete type of manure to be transported. (Dairy, Beef, Poultry Layer, Horse, Swine, Turkey, Sheep, Other)
- 5) Check (✓) Sender or Receiver. Check both if transporting within operation.

B) APPLICATION - SECTION II (Page 1) - REQUIRED

Transporting Less Than 25 Miles

- 1) Complete - "Amount" of manure to be transported. Must use manure analysis to determine manure consistency. Units must be consistent with units in the nutrient management plan for the receiving operation.
- 2) Complete - "Mileage" - estimate mileage to the nearest 5 mile increment. **Select Only "Up To"** - 5, 10, 15, 20, or 25 miles.
- 3) Complete "Flat Rate" using Table 1. *Example: Liquid manure with moisture content of 93%, transported up to 5 miles - the Flat Rate is \$13.07 per 1000 gallons.*

TABLE 1

Manure (See Analysis)	Percent Moisture	Up to	Up to	Up to	Up to	Up to
		5 miles	10 miles	15 miles	20 miles	25 miles
PER TON						
SOLID	0 - 75.9	\$3.30	\$3.90	\$4.50	\$5.10	\$5.70
SEMI-SOLID	76 - 82.9	\$3.23	\$3.68	\$4.13	\$4.58	\$5.03
SLURRY	83 - 89.9	\$3.20	\$3.59	\$3.98	\$4.37	\$4.76
LIQUID	90 - 99.9	\$3.15	\$3.45	\$3.75	\$4.05	\$4.35
PER YARD						
SOLID	0 - 75.9	\$1.10	\$1.30	\$1.50	\$1.70	\$1.90
SEMI-SOLID	76 - 82.9	\$1.08	\$1.23	\$1.38	\$1.53	\$1.66
PER 1000 GALLONS						
SLURRY	83 - 89.9	\$13.26	\$14.88	\$16.50	\$18.11	\$19.73
LIQUID	90 - 99.9	\$13.07	\$14.32	\$15.56	\$16.81	\$18.05

B) Cont. APPLICATION - SECTION II (Page 1) - **REQUIRED**

Transporting Greater Than 25 Miles

- 1) Complete - "Amount" of manure to be transported. Must use manure analysis to determine manure Units must be consistent with units in the nutrient management plan for the receiving operation.
- 2) Complete - "Mileage" - estimate mileage. Must be greater than 25 miles.
- 3) Complete "Flat Rate" using Table 2.

TABLE 2 - TONS

Manure Consistency	Percent Moisture	Base Rate	25 miles and greater
SOLID	0 - 75.9	\$5.70	Add 10 cents for each additional mile
SEMI-SOLID	76 - 82.9	\$5.03	
SLURRY	83 - 89.9	\$4.76	
LIQUID	90 - 99.9	\$4.35	

EXAMPLE
<p><i>Solid manure transported 30 miles.</i> $30 - 25 = 5 \text{ miles.} \quad 5 \text{ miles}$ $X \\$.10 \text{ (per mile)} = \\$.50. \quad \\$5.70 +$ $\\$.50 = \\$6.20. \quad \text{Flat Rate is}$ $\\$6.20.$</p>

- 4) Complete TOTAL. "Amount" transported X (times) "Flat Rate."
 - 5) Complete Project "TOTAL"
 - 6) Complete Cost-Share Amount - Project "TOTAL" X (times) 87.5%. *Example: \$1000 X 87.5% = \$875.00*
 - 7) Complete "Analyzing Manure - per invoice." Optional. Only one invoice/analysis per Project.
 - 8) Complete "Eligible State Cost-Share" - Project Cost-Share amount plus manure analysis if necessary.
- Note: * Transporting greater than 25 miles requires weighing at a state certified scale and a weight ticket attached to the chain of custody form submitted at Claim stage.

C) PAGE 2 - SUPPLEMENTAL INFORMATION and APPLICANTS COMMENTS, - OPTIONAL

- 1) Space has been provided to indicate approximate transport dates.
- 2) Space has been provided to indicate the manure in storage at the sending operation, and the estimated
- 3) Complete "Application Period" - Receiving Operation - Check () Only - Spring, Summer, or Fall.
- 4) Complete the estimated amount of manure used by the receiving farm(s)/operation (see NMP Summary)
- 5) Print and submit with Application.

D) ATTACHMENT - TO COST-SHARE AGREEMENT (Page 3) - **REQUIRED**

- 1) Print out attachment.
- 2) Complete name(s) of Nutrient Management Plan preparer(s) and Certification Number(s) in spaces provided.
- 3) Sign and submit Attachment.

E) SHIPPING FORM (Page 4) - **REQUIRED**

- 1) Complete Applicant's information.
- 2) Complete Sending Operation information. Only one sending operation per Application. Must include property account ID number.
- 3) Complete Receiving Farms. Provide property account identification numbers for each parcel of land receiving manure.
- 4) Complete amount of manure (tons/gallons) to be received at each farm.
- 5) Print and submit.

F) NUTRIENT MANAGEMENT PLAN SUMMARY - RECEIVING FARM - *(In lieu of the Nutrient Management Plan being submitted, this Nutrient Management Plan Summary may be submitted.)*

- 1) Complete - Name, Address, City, State, Zip and Telephone
- 2) Complete - District (SCD)/County
- 3) Complete Nutrient Management Plan Consultant Name, Certification Number, Telephone, and Plan date.
- 4) Complete type of manure to be transported. (Dairy, Beef, Poultry Layer, Horse, Swine, Turkey, Sheep, Other)
- 5) Complete - Manure Analysis. Use "Average Analysis Used" or "Original Analysis Used" (attach).
- 6) Complete Manure in Storage. Indicate amount of manure in storage using units in gallons or tons.
- 7) Complete Manue Consistency. From manure analysis based on percent moisture.

Manure Consistency	Percent Moisture
SOLID	0 - 75.9
SEMI-SOLID	76 - 82.9
SLURRY	83 - 89.9
LIQUID	90 - 99.9

- 8) Complete - Application Period, Use - Spring, Summer, or Fall.
- 9) Complete amount of manure used within one mile.
- 10) Complete/Determine "Excess Manure" - "Manure in Storage" minus "Manure Used Within 1 Mile" = excess.
- 7) Complete - Receiving farm Account ID Number, Field Number, Soil Test Lab Number, Acres, Crop, Yield Goal, and Rate of Application. Total amount.
- 8) Print, Sign, and submit.

9) Attach soil analysis and maps for those fields receiving manure.

MAIL COMPLETED APPLICATION TO:

**Maryland Department of Agriculture
Maryland Agricultural Cost-Share - Manure Transportation Project
50 Harry S. Truman Parkway
Annapolis, MD 21401**

FOR QUESTIONS AND ADDITIONAL INFORMATION CONTACT:

**Norman Astle - Project Coordinator
410-841-5863**

MDA Website: www.mda.state.md.us

Document Address

http://www.mda.state.md.us/resource_conservation/financial_assistance/manure_management/inde

DETERMINATION OF GRANT AMOUNT - ANIMAL MANURES

- 1 Statewide flat rates will be allowed for each load of manure transported and manure analyzed.
- 2 The actual final payment will be based on the invoice(s) received with Claim for Payment form to determine the final eligible
- 3 Flat rate schedule
 - a.) Analyzing/testing manure One Analysis (1)/\$ (Per Invoice)
 - b.) Transporting manure See Table 1 and Table 2 above.
- 4 Maximum amount per manure producing operating unit annually (regardless of applicant) \$7,500.00

Conversion Factors

1. 8.3 pounds / gallon manure
2. 1,000 gallons / 4.15 tons
3. 7.5 gallons / cubic foot
4. 60 pounds / cubic foot
5. 1.25 cubic feet / bushel

**MARYLAND DEPARTMENT OF AGRICULTURE
MANURE TRANSPORT PROJECT
APPLICATION/AGREEMENT - LAND APPLICATION**

SECTION 1 - APPLICATION (103)					AGREEMENT NUMBER MT	
For MDA Use						
SS / FID #	District	Telephone Number		Individual Request () Public Land ()		
NAME and ADDRESS of person to receive check, include farm / corporate name, if any.					Type of Manure:	
Applicants Name:						
Farm Name:						
Address:					Sender:	
City/State/Zip					Receiver:	
SECTION II - TECHNICAL REPORT						
MANURE TRANSPORTED	MANURE CONSISTENCY	AMOUNT	UNITS	MILEAGE <25	FLAT RATE (See Instructions)	TOTAL (Amount X Flat Rate)
Less Than 25 Miles	SOLID		TONS			
	SEMI-SOLID					
	SLURRY					
	LIQUID					
	SOLID		CUBIC YARDS 1000 GALLONS			
	SEMI-SOLID					
	SLURRY					
	LIQUID					
MANURE TRANSPORTED	MANURE CONSISTENCY	AMOUNT	UNIT	MILEAGE >25	FLAT RATE (See Instructions)	TOTAL (Amount X Flat Rate)
Greater Than 25 Miles	SOLID		PER TON			
	SEMI-SOLID					
	SLURRY					
	LIQUID					
Cost Effectiveness (MDA Use)		\$18.00/ton \$6.00/yd ³ \$74.70/1000 gal		TOTAL Cost-Share Rate 87.50% Analyzing Manure (Per Invoice)		
\$		Total Amount		Eligible State Cost-Share		
Maximum amount: (1) per manure producing operation - \$7500.00 annually, (2) per ton - \$18.00, (3) per yd ³ - \$6.00, (4) per 1000 gal. - \$74.70						
SECTION III - TECHNICAL DETERMINATION						
For MDA or District Use						
The Maryland Department of Agriculture, or, the _____ Soil Conservation District has reviewed this referral and finds it / does not find it adequate and appropriate for this program. If not, see explanation under General Comments. No determinations have been made about the appropriateness of receiving sites not within the State or District jurisdictions.						
Authorized Signature _____ (Designated Chairman, Chairman's Designee, or Maryland Dept. of Agriculture representative)					Date _____	
SECTION IV - APPLICANT AGREEMENT						
Public Information Notice: The principal purpose for which the information on this application is used is to identify you as one of those persons whom the agency intends to give State Cost-Share funds. If you fail to provide the requested information, the agency may not provide you with State Cost-Share funds. You have a right to inspect, amend, or correct personal information collected by the agency. Much of the personal information collected by the agency is available for public inspection.						
CERTIFICATION: I request cost-sharing under this program to solve a nutrient management/water quality problem. I have read and agree to adhere to requirements set forth under (1) COMAR 15.20.05 and (2) this agreement which includes the Attachment. I understand that I shall not proceed with this project until I have received a letter of approval and a signed and dated copy of my agreement from the Maryland Department of Agriculture (Department). If I fail to comply with the requirements set forth under COMAR 15.20.05 and this agreement, the Department with no obligation to pay the applicant can cancel the agreement and any payments already made will be forfeited. I agree that the Department, or, Soil Conservation District, their officers, agents, and employees are not responsible for any damage to life and property due to my activities, or those of my operation's officers, agents and employees, in connection with this Agreement. Furthermore, I agree the Department, or, Soil Conservation District shall be held harmless by me from any liability resulting from the removal, transportation, or use of animal waste.						
Signature of Applicant _____					Date _____	

MARYLAND DEPARTMENT OF AGRICULTURE
MANURE TRANSPORT PROJECT
ATTACHMENT TO COST-SHARE AGREEMENT
PROVISIONS FOR LAND APPLICATION

The Applicant agrees:

- 1) To have the manure analyzed for nutrient content as directed by the Department before it is transported. To include manure generation/quantity information with the application.
- 2) To comply with all Department biosecurity and public safety requirements, including the following:
 - a. All manure shall be covered while on a public road or highway;
 - b. A truck-mounted or tractor-drawn spreader shall be covered during the transportation of manure from one farm to another unless contiguous;
 - c. Prior to operating on or near another poultry or livestock operation, all transporting and handling equipment used to transport manure shall be cleaned, washed, and disinfected;
 - d. Compliance with all Departmental animal health requirements; and
 - e. If hiring another person to transport manure, requiring that person to comply with biosecurity and public safety requirements.
- 3) If manure is being transported less than 1 mile from a production or storage site to the applicants farm that: (1) the manure is being transported to a farm not owned or managed by the producer; (2) the land receiving the manure is not phosphorus over

Name of Nutrient Management Plan preparer (sending)

State Cert. #

- 4) Either the producer or the receiver of manure, but not both, is eligible to apply for and receive state cost-share assistance. A producer may only apply under a pooling agreement. *(See Producer Guidelines)*
- 5) To apply manure as a source of plant nutrients according to a state certified nutrient management plan under the following
 - a. On fields with soil testing less than 101 for phosphorus on the Fertility Index Value, manure may be used according to a nitrogen-based nutrient management plan;
 - b. On fields with soil testing optimum, or 101 to 150 for phosphorus on the Fertility Index Value, manure shall be applied according to a nutrient management plan using phosphorus as the limiting factor.
 - c. Fields with soil testing 150 or greater for phosphorus on the Fertility Index Value, are not eligible under the Project requirements. A person shall not apply manure.

Name of Nutrient Management Plan preparer (receiving)

State Cert. #

- 6) To provide a delivery site for the off-loading of manure that is safe and does not pose any undue environmental risk to water quality. *(See Delivery Site Guidelines)*
- 7) According to a nutrient management plan, to apply stackable manure within 7 days of its receipt, and apply nonstackable manure upon receipt, or stockpile or store manure in a manner that protects it from rainfall, runoff or leaching. *(See Stockpiling)*
- 8) If the manure is stockpiled or stored for 6 months or greater, to perform an additional nutrient analysis for manure as close as possible to the plant nutrient application period as provided in a nutrient management plan.
- 9) To allow a MDA representative(s) access to the receiving and/or sending site(s) for the purpose of inspection and verification of program compliance.

I have read the above provisions and shall comply with them.

Signature Date

MARYLAND DEPARTMENT OF AGRICULTURE
 MANURE TRANSPORTATION PROJECT
LAND APPLICATION SHIPPING FORM (103) - TO BE COMPLETED BY APPLICANT

APPLICANT	
APPLICANTS NAME:	
ADDRESS:	
CITY/STATE/ZIP:	
PHONE:	
FARM NAME:	

SENDING OPERATION			
ACCOUNT ID No. # :		FARM NAME:	
NAME:		COUNTY:	
ADDRESS:			
CITY/STATE/ZIP:		NMP CONSULT NAME:	
PHONE:		CONSULTANT CERT. #	

RECEIVING FARMS (NUTRIENT MANAGEMENT PLANS REQUIRED/ATTACHED)			
RECEIVING LOCATION		RECEIVING LOCATION	
NAME/FARM NAME:		NAME/FARM NAME:	
ADDRESS:		ADDRESS:	
CITY/STATE/ZIP:		CITY/STATE/ZIP:	
COUNTY(*):		COUNTY (*):	
PHONE:		PHONE:	
ACCOUNT ID No. # :		ACCOUNT ID No. # :	
TONS/GAL (NMP):		TONS/GAL (NMP):	
RECEIVING LOCATION		RECEIVING LOCATION	
NAME/FARM NAME:		NAME/FARM NAME:	
ADDRESS:		ADDRESS:	
CITY/STATE/ZIP:		CITY/STATE/ZIP:	
COUNTY(*):		COUNTY (*):	
PHONE:		PHONE:	
ACCOUNT ID No. # :		ACCOUNT ID No. # :	
TONS/GAL (NMP):		TONS/GAL (NMP):	
RECEIVING LOCATION		RECEIVING LOCATION	
NAME/FARM NAME:		NAME/FARM NAME:	
ADDRESS:		ADDRESS:	
CITY/STATE/ZIP:		CITY/STATE/ZIP:	
COUNTY(*):		COUNTY (*):	
PHONE:		PHONE:	
ACCOUNT ID No. # :		ACCOUNT ID No. # :	
TONS/GAL (NMP):		TONS/GAL (NMP):	

TOTAL TONS/YDS/GAL

SHEET #

1 OF 1

Please Note: Use Account ID No. # for the actual parcel of land producing or receiving the manure.

