



No. _____

MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY
Water Resources Division
MANIFEST for CAFO WASTE

This form is to be used where large CAFO waste (as defined in General Permit No. MIG010000) is sold, given away or otherwise transferred to another person (recipient) such that the land application of that large CAFO waste is no longer under the operational control of the large CAFO owner or operator that generates the large CAFO waste (generator). Once completed, this form is to be kept with the generator's CNMP for a minimum of five years.

GENERATOR INFORMATION: Name: _____

Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Waste Type: _____ (solid, liquid, beef, dairy, swine, poultry, compost, etc.)

"I hereby declare that the large CAFO waste is accurately described above and is suitable for land application. I further certify that the I have provided the CAFO Waste Storage Structures and Land Application of CAFO Waste requirements of my permit to the recipient and the current nutrient analysis containing the necessary information for land application at agronomic rates for the waste described above has been provided to the recipient. I confirm I received Bray P1 soil testing information for the field(s) that will receive CAFO waste prior to transferring CAFO waste."

Signature: _____ Date: _____

RECIPIENT INFORMATION: Name: _____

Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

"I hereby declare that the large CAFO waste described above and in the nutrient analysis will be properly stored and land applied in accordance with the CAFO Waste Storage Structures and Land Application of CAFO Waste requirements of the generator's permit and that the destination information provided below is accurate. I understand land application during the months of January, February, and March is prohibited and any waste received during these months will be properly stored."

Signature: _____ Date: _____

DESTINATION/DISPOSAL INFORMATION:

Field location or other destination/disposal information:

Lat: _____ N Long: _____ W No. of Acres: _____

Date	Loads	Load Size	Quantity	Date	Loads	Load Size	Quantity
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Field location or other destination/disposal information:

Lat: _____ N Long: _____ W No. of Acres: _____

Date	Loads	Load Size	Quantity	Date	Loads	Load Size	Quantity
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Field location or other destination/disposal information:

Lat: _____ N Long: _____ W No. of Acres: _____

Date	Loads	Load Size	Quantity	Date	Loads	Load Size	Quantity
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Field location or other destination/disposal information:

Lat: _____ N Long: _____ W No. of Acres: _____

Date	Loads	Load Size	Quantity	Date	Loads	Load Size	Quantity
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Daily Manure Application Summary

Date

Field ID

Field size (acres)

Weather

Forecast less than 70% of ½" rain? Yes No (DO NOT SPREAD)

Conditions during spreading* sunny partly cloudy cloudy rain (DO NOT SPREAD)

*If differing conditions exist within 24 hours prior to or after application, check multiple conditions and note timing.

Field Inspection (0 to 48 hours before land application) Inspector: _____

Tile(s) flowing **immediately** prior to sending? Yes No NA

Describe flow color and odor (multiple outlets if necessary)

Soil cracking evident? Yes No If yes, correct (till) prior to spreading on tiled land

Field condition: Residue Growing Crop No-till Frozen¹ Snow-covered¹

Describe soil moisture: dry moist saturated (DO NOT SPREAD)

Are conservation practices* functioning and in good condition? *Includes grassed waterways, buffer strips, diversions, etc. If "no" describe and DISCONTINUE SPREADING. Yes No NA

Tile Lines

Tile(s) flowing at the end of daily spreading? Yes No NA

Describe flow color and odor (multiple outlets if necessary)

Inspector: _____

Tile(s) flowing after first ½" rain within 30 days of application? Yes No NA

Date of inspection: _____ Inspector: _____

Describe flow color and odor (multiple outlets if necessary)

Application Information

Spreader name/ID application method capacity Time am pm

Daily Equipment Inspection*: No problems with leaks, structural integrity, or proper O&M
*DO NOT SPREAD if the box above is not checked. Record any corrective actions necessary.

Manure source: _____ Goal application rate/acre: _____
Loads: _____

Actual application rate/acre total volume or weight applied acres covered

Manure incorporation date or no incorporation explanation (only within 24 hours, frozen, snow covered, or forage crop).

Manure incorporation method. _____
¹If not incorporating, ensure Technical Standard has been met.

If you need this information in an alternate format, contact EGLE-Accessibility@Michigan.gov or call 800-662-9278.

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