



DELAWARE DEPARTMENT OF
AGRICULTURE

2320 SOUTH DUPONT HIGHWAY
DOVER, DELAWARE 19901
AGRICULTURE.DELAWARE.GOV

FOR INTERNAL USE ONLY:

ID : _____

Approved: _____ Disapproved: _____

By: _____ Date: _____

Voucher ID: _____

TELEPHONE: (302) 698-4500
TOLL FREE: (800) 282-8685
FAX: (302) 697-6287

MANURE RELOCATION CLAIM FORM

TRANSPORTING AGENT

Company Name:			
Contact Person:		Phone:	
Address:			
City, State, Zip Code:			
E-Supplier ID:			
Vehicle Description: load weight and ID # (If multiple, attach a summary)			
Relocation Type:	<input type="checkbox"/> Farm to Farm in DE	<input type="checkbox"/> Farm to Farm Outside of DE	<input type="checkbox"/> Alternative Use (Ex: Mushroom)

ELIGIBLE SENDER

Sender Name:				Phone:
Sender Operation Name:				
Operation Address:				
City, State, Zip Code:				
DE Certification Number:				
DE Watershed Name:				
Start Date of Plan:				
Poultry Company:	<input type="checkbox"/> Amick	<input type="checkbox"/> Allens	<input type="checkbox"/> Perdue	<input type="checkbox"/> Mountaire
Relocation Reason:	<input type="checkbox"/> High P	<input type="checkbox"/> Insufficient Land		

ELIGIBLE RECEIVER

Receiver Name:				Phone:
Receiver Farm Name:				
Operation Address:				
City, State, Zip Code:				
DE Certification Number:				
DE Watershed Name:				
Manure Use at Destination:				
<input type="checkbox"/> Alternative Use	<input type="checkbox"/> Mushroom	<input type="checkbox"/> Compost	<input type="checkbox"/> Energy	
<input type="checkbox"/> Land Application	Estimated Date of Application:		Acreage for Application:	

LAND APPLICATION INFORMATION

If land application is applicable, you must complete the following table and include soil samples for each field listed.

Note: we can only pay to move manure to Delaware fields with a DE FIV of 150 or less or Maryland fields with a MD FIV of 150 or less.

Field Name	Field Number	Acreage	Soil Phosphorus	Notes

CLAIM FOR PAYMENT

Transport Date:		Miles from Origin to Destination:	
Tons Transported:			
Calculation # 1:	Miles _____ x 0.16 = _____ transport rate per ton (not to exceed \$18/ton)		
Calculation # 2:	Transport Rate (answer from #1) _____ x _____ tons transported = _____ Claim amount		
Total Claim Amount:			

The following documentation must be included with each claim:

- A manure sample from the manure being transported
- Weigh tickets from a certified scale for each load transported
- Soil samples for fields manure is being land applied too, if applicable.

The undersigned agree to indemnify and hold harmless the Delaware Department of Agriculture and the Delaware Nutrient Management Commission from any liability resulting from the removal, transportation, and use of nutrients as described in this application. Failure to comply with the terms of the Delaware Nutrient Management Program [Nutrient Relocation Policy](#) or any other State funding program may result in exclusion from payment of claims and liability for returning the full amount of claims paid.

Signature (Transporting Agent)

Date