



DELAWARE DEPARTMENT OF
AGRICULTURE

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

FOR INTERNAL USE ONLY:

Form Number: _____

Date Entered: _____

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

CAFO ANNUAL REPORT

CERTIFIED OPERATORS

NM Certification Holder Name: (Last, First)	NM Certification Holder Number:	NM Certification Expiration Date:	Number of Credits:

PARTICIPANT INFORMATION

Name: (Last, First)			
Mailing Address:			City, State, Zip Code:
Email:			Phone:
Operation Name:			
Operation Address:			City, State, Zip Code:

MANAGEMENT PLAN TYPE

Plan Types:

- Nutrient Management Plan (NMP) – Crops with or without Animals
- Animal Waste Management Plan (AWMP) – No Crops
- Concentrated Animal Feeding Operation Plan (CAFO)

Management Plan Type:	
NM Consultant Name:	
Start Date of Most Current Plan:	
Expiration Date of Most Current Plan:	
Total Acres Included in the Plan:	
Years of Plan:	

WATERSHED – GEOGRAPHICAL LOCATION(S) OF OPERATION

Watershed Name	% of Operation in the Watershed	Watershed Name	% of Operation in the Watershed

ANIMAL TYPES

Not Applicable

Animal Type	Total Number	Animal Type	Total Number
Poultry (capacity per flock)		Swine	
Dairy		Horse	
Beef		Other (Specify):	

MANURE GENERATED ANNUALLY BY ANIMAL TYPE

This information is found in the AWMP/CAFO Plan.

Animal Type	Amount	Circle One	
		<input type="checkbox"/> Tons	<input type="checkbox"/> Gals

MANURE EXPORT FOR LAND APPLICATION

Not Applicable

Please include additional sheets if necessary.

Manure Type	Amount Exported	Mark One		Name of Receiver
		<input type="checkbox"/> Tons	<input type="checkbox"/> Gals	
		<input type="checkbox"/> Tons	<input type="checkbox"/> Gals	
		<input type="checkbox"/> Tons	<input type="checkbox"/> Gals	

MANURE/POULTRY MORTALITY EXPORT FOR ALTERNATIVE USE

Not Applicable

Please include additional sheets if necessary. Examples: Mushroom Industry, Greener Solutions, etc.

Manure Type	Amount Exported	Mark One		Name of Receiver
		<input type="checkbox"/> Tons	<input type="checkbox"/> Gals	
		<input type="checkbox"/> Tons	<input type="checkbox"/> Gals	

LAND APPLICATION OF MANURE

Not Applicable

Please indicate the total amount of manure, litter, or process wastewater that was land applied during the calendar year and the total number of acres to which it was applied. Manure types include chicken, dairy, swine, horse, and beef. If applications do not match these types, please specify the type below.

Manure Type	Dry Manure Applied		Liquid Manure Applied	
	Total Tons	Total Acres	Total Gallons	Total Acres

SUMMARY OF NUTRIENT APPLICATIONS

Not Applicable

Please indicate the total number of pounds of commercial Nitrogen and Phosphorus applied during the calendar year and the total number of acres to which it was applied.

Nitrogen Total Pounds	Nitrogen Total Acres	Phosphorus Total Pounds	Phosphorus Total Acres

CROP YIELD GOALS

Did the overall average crop yield meet or exceed the planned yield goal average?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If no, reason:
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REQUIREMENT TO SUBMIT MANURE ANALYSIS

Please attach or send a copy of your manure analysis performed by an approved laboratory within the last calendar year.

Last Manure Sample Date:	
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SUMMARY OF DISCHARGES FROM PRODUCTION AREAS

Did the farm have a discharge as defined by the Delaware CAFO Regulations within the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If YES, please fill out the table below.

Date of Discharge	Approximate Time of Discharge	Approximate Volume of Discharge	Circle One	
			<input type="checkbox"/> Tons	<input type="checkbox"/> Gals

This report is provided as truthful and accurate to the best of my knowledge.

Signature

Date