

**Form 3: ANNUAL REPORT FORM**

Reporting Period: January 1, 20\_\_ through December 31, 20\_\_  
 Report Due Date: **January 15, 20\_\_**

<b>FACILITY INFORMATION</b> (Please make any corrections directly on this form)
CAFO Operator's Name
CAFO Facility Name
Facility Address
Mailing Address
Telephone Number

<b>ANIMAL POPULATION</b> (Please provide the number of animals in each category.)
Milking Cows _____ Dry Cows _____ Heifers _____ Calves _____
Others (specify type and number) _____

<b>MANURE INFORMATION</b>	Units Used :	Tons	Cubic Yards
Manure Produced _____	Manure Spread on Cropland at Facility	_____	
Manure Spread on Other Cropland	_____		
Manure Stockpiled on Site as of 12/31/	_____	_____	
Manure Hauled Away (Also provide Manure Tracking Manifests, Form 4)	_____		
Has the most current nutrient analysis been provided to the recipient of the manure?	Yes	No	N/A
Was Manure Amount Calculated Using the Following Factors?	Yes	No	
1 Milking cow produces approximately 4.1 tons of manure per year			
1 Dry cow produces approximately 4.1 tons of manure per year			
1 Heifer produces approximately 1.5 tons of manure per year			
1 Calf produces approximately 0.6 tons of manure per year			
*1 ton of corral manure equals 2.32 cubic yards and 1 cubic yard of corral manure equals 0.43 tons			

NUTRIENT MANAGEMENT PLAN (NMP) AND NUTRIENT ANALYSIS		
NMP is Certified	Yes	No

CROP GROWING ACTIVITY			
Number of cropland acres where manure has been applied (Cropland is contiguous to the dairy, where manure was applied and a crop was harvested).			
Cropland acres: _____	No. of plantings per year:	One	Two    Three
Type of crops grown:			
Sudan grass	Alfalfa	Winter wheat	
Barley	Bermuda grass	corn	Oats    Turf Grass
Vegetables	Others		
Actual crop yields _____			
Manure application rates _____			
Amount of manure spread on each field _____			

Number of Milkings per day (Dairies only):	One	Two	Three
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<b>COMMENTS:</b>

**CERTIFICATION:**

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

Name of person making this report (please print): \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Title: \_\_\_\_\_