Record Keeping period: September 1, 20\_\_\_ to August 31, 20\_\_\_

Site code: \_\_\_\_\_\_\_\_\_\_\_\_ Landowner name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approval documentation 

Site Location & Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Latitude/ Longitude: \_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_

Site acreage: \_\_\_\_\_\_\_\_\_ acre Crop grown: \_\_\_\_\_\_\_\_\_\_\_\_ Projected yield : \_\_\_\_\_\_\_ bu/acre Actual yield: \_\_\_\_\_\_\_\_\_bu/acre

Maximum Allowable Nitrogen Application [MANA] rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ lb/acre [H]

Maximum gallons per acre applied to the Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ gal/acre [I]

Maximum annual total gallons at the site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ gal/year [N]

Your file should have: a copy of the  Soil Survey map with limitations,  letter from owner giving permission, letter from farmer identifying crop [ current and  previous] &  projected yield,  method for tracking application on the Site.

Describe method of meeting 503 required pathogen requirements:

Crop timing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application controls:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe method of meeting 503 required vector attraction reduction requirements

Application controls: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Required information: Site code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tank gallons: \_\_\_\_\_\_\_\_\_\_\_gal. Estimated loading rate:­­­­\_\_\_\_\_\_\_\_gpA Acreage per load[M]:­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_A/load

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| Date of Application | Number of Loads | Total gallons applied | Estimated loading rate | Acreage covered on the date | Running total gallons for the site |
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**Continued on \_\_\_\_\_ of \_\_\_\_\_ pages [Final total gallons of Septage certified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ gallons**

I certify under penalty of law, that the **pathogen requirements in 503.32**

[Crop restrictions with pH adjustmentCrop restrictions without pH adjustment]

& **the vector attraction reduction requirements in 503.33** [IncorporationInjectionpH adjustment]

**have/have not** been met.

This determination has been made under my direction and supervision in accordance with the system designed to assure that qualified personnel properly gather and evaluate the information used to determine that the pathogen requirements and the vector attraction reduction requirements have been met. I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Date of Application | Number of Loads | Total gallons applied | Estimated loading rate | Acreage covered on the date | Running total gallons for the site |
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Site code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_ of \_\_\_\_\_ pages**