

Site Specific Record



Record Keeping Period: September 1, _____ to August 31, _____

Site Code: _____ Landowner Name: _____

Site Location (provide one or more of the following): Street Address: _____

Latitude / Longitude: _____ / _____

Legal Description: _____ Quarter of Section _____

_____ Township Coordinate

_____ Range Coordinate

_____ Township Name

_____ County Name

Site Acreage: _____ Crop Grown: _____ Yield Goal: _____

Maximum Allowable Nitrogen Application Rate (lb/acre/year)

Determined by using option 1 or 2 from the MPCA guidelines: _____

Maximum Rate of Septage Allowed (gallons/acre/year): _____

Maximum Gallons of Septage Allowed (gallons/site/year): _____

Attach a copy of a soil survey map or another map containing the same information with the site boundaries and unsuitable areas of the field identified.

Describe how pathogen requirements were met at the site: _____

Describe how vector attraction reduction requirements were met at the site: _____

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Date of Application	Load #(s)	Gallons Applied	Acreage Used	Rate Applied Gallons/Acre	Running Total of Gallons Applied per Site

“I certify, under penalty of law, that the information that will be used to determine compliance with the pathogen requirements [check one or both of the following] 503.32(c)(1)[crop restrictions] or 503.32(c)(2) [pH adjustment to 12.0 for 30 minutes and crop restrictions] and the vector attraction reduction requirement in [check one or more of the following] 503.33(b)(9) [injected], 503.33(b)10) [incorporated within 6 hours], or 503.33(b)(12) [pH adjustment to 12.0 for 30 minutes] was prepared under my direction and supervision in accordance with the system designed to ensure that qualified personnel properly gather and evaluate the information. I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment.”

Signature: _____

Printed Name: _____

Title: _____