


**APPENDIX G**

**Manure Management Plan**

Please contact Manitoba Conservation for the most recent form or visit [www.manitoba.ca/conservation/envprograms/livestock/](http://www.manitoba.ca/conservation/envprograms/livestock/)

<p><b>LIVESTOCK MANURE AND MORTALITIES MANAGEMENT REGULATION</b></p> <p><b>Manure Management Plan</b></p>	
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All livestock operations in Manitoba with 300 animal units (A.U.) or more are required under Section 13(1) of the *Livestock Manure and Mortalities Management Regulation* under *The Environment Act*, to submit an annual manure management plan to Manitoba Conservation. The plan must be submitted by **July 10** for fertilization programs beginning in the fall, or by February 10 for fertilization programs beginning in the spring.

**Section A – Operation Information**

<b>Name of Operation</b>	_____
<b>Mailing Address</b>	_____
	Postal Code _____
<b>Location of Operation</b>	_____
	Qtr. Sec. Twp. Rge. E/WPM or River Lot/Parish
	Latitude: _____ Longitude: _____
	Rural Municipality _____ G.P.S. in Decimal Degrees (if available)
<b>Name of Contact</b>	_____
<b>Contact Numbers</b>	_____
	Business      Residence      Cellular      Facsimile
<b>Owner (legal name)</b>	_____
<b>Mailing Address</b>	_____
	Postal Code _____
<b>Contact Numbers</b>	_____
	Business      Residence      Cellular      Facsimile
<b>Affiliate (legal name)</b>	_____

**Note: Confirmation of manure spread including legal land description, actual application rates, analysis of manure, field maps, coordinates (if available), field access location, must be submitted after manure is spread. Additional plans may not be registered unless this information is received by Manitoba Conservation.**

If this manure management plan is a requirement of a Director's Order or an Environment Officer Order, please indicate Order number: \_\_\_\_\_

FOR DEPARTMENT USE ONLY	
Received by: _____	Date Received: _____
Office: _____	
Follow-up required      Yes <input type="checkbox"/> No <input type="checkbox"/>	
Nature of follow-up _____	
Proprietary (confidential) information will be protected in accordance with Manitoba law. Personal information is collected under the authority of <i>The Environment Act</i> , the <i>Livestock Manure and Mortalities Management Regulation</i> , and will be used to issue receipts, for surveys, administration and enforcement purposes. Information collected is protected by the privacy provisions of <i>The Freedom of Information and Protection of Privacy Act</i> . If you have any questions, contact the Access & Privacy Coordinator, Box 85, 200 Saulteaux Crescent, Winnipeg MB R3J 3W3; 1-204-945-4170.	

**Please complete this form and forward to the Environmental Livestock Section, Manitoba Conservation,  
Box 46, 200 Saulteaux Crescent, Winnipeg MB R3J 3W3. Phone: 204-945-3078/Fax: 204-948-2420**

### Section B - Animal Unit Inventory

Animal Type and Subtype <sup>1</sup>	A.U. Produced by One Livestock		Number of Livestock of Each Subtype	A.U. for Each Livestock Subtype
<i>Eg. Beef – Feedlot Cattle</i>	.769	X	500	385
		X		
		X		
		X		
		X		
		X		

<sup>1</sup> Refer to Animal Unit Worksheet – Schedule A. Retain Schedule A for your records. If additional room is required, the operator may choose to submit a copy of Schedule A. **USE ONLY CATEGORIES LISTED IN THE WORKSHEET.**

**NOTE:** If your Animal Inventories have INCREASED since last year, please indicate below:

Animal Type and Subtype Which Have Increased	A.U. Produced by One Livestock		Number of New Livestock	A.U. Increase of New Livestock Subtype
		X		
		X		

### Section C – Manure Storage Systems Information<sup>1</sup>

<b>Type of livestock manure stored</b>		<input type="checkbox"/> Liquid manure (pumped as liquid; 0-5% dry matter) <input type="checkbox"/> Semi-solid (paste like; 5-25% dry matter) <input type="checkbox"/> Solid (handled with loader; over 25% dry matter)	
<b>Location of central manure storage facilities</b>			
Legal description of the location(s):	G.P.S. Coordinates (Decimal Degrees) (if available)	Anticipated Storage Time (months)	Construction Permit Number(s) <sup>2</sup> or Registration Number(s) <sup>3</sup> for Storage
<b>Location of solid manure field storage (complete only if you have field storage)</b>			
<b>Field Storage Site #1 :</b>		Anticipated Storage Duration (months) _____	
Legal Location: _____			
<b>Field Storage Site #2 :</b>		Anticipated Storage Duration (months) _____	
Legal Location: _____			
<b>Field Storage Site #3 :</b>		Anticipated Storage Duration (months) _____	
Legal Location: _____			

<sup>1</sup> Use additional pages if necessary

<sup>2</sup> A construction permit has been required by Manitoba Conservation for construction of earthen manure storage structures since 1994 and for all other types of constructed manure storage structures since 1998. You may inquire about your permit number at your Manitoba Conservation regional office (see last page).

<sup>3</sup> Registration numbers will be issued by Manitoba Conservation for earthen manure storage structures built before 1994 and all other constructed storage structures built prior to 1998.

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### Section D – Manure Information for Land Application

(One manure type per page; reproduce pages 4 and 5 as necessary)

<b>Type of Livestock</b> _____	<b>Total A.U. of this Type</b> _____
<b>Volume of Manure to be Land Applied</b> _____	
<input type="checkbox"/> Imp. Gallons (liquid manure) <input type="checkbox"/> Tons (solid manure) <input type="checkbox"/> Cubic Feet (solid manure)	
<b>Manure Analysis</b>	
Total <b>nitrogen</b> content in the manure _____ <input type="checkbox"/> lb/1000 imp.gal <input type="checkbox"/> lb/ton	
<b>NH<sub>4</sub></b> _____ <input type="checkbox"/> lb/1000 imp.gal <input type="checkbox"/> lb/ton	
<b>Total P</b> _____ <input type="checkbox"/> lb/1000 imp.gal <input type="checkbox"/> lb/ton	
<b>% Dry Matter</b> _____	
The nutrient value stated above is: <input type="checkbox"/> Actual (Please attach manure analysis report with this form) <input type="checkbox"/> Estimated	
If estimated, please indicate your source of information: Source (ie Farm Practice Guidelines, Feed Model): _____	
Earliest Anticipated Manure application starting date <sup>1</sup> : _____ (Month / Day / Year)	

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<sup>1</sup>This is the earliest date the first spread of manure will occur on this plan.

**NOTE:** If manure is to be treated, please complete and attach Schedule B – Manure Treatment  
 If manure is to be transferred to another party, please complete and attach Schedule C – Transfer of Manure or Effluent to a Second Party.

“transfer” excludes situations in which a contractor is hired, or the operator volunteers to land apply the manure from this operation. In this case, Section E - Field Application Summary must be completed.

### Section E - Field Application Summary

Crop year for which manure will be applied: \_\_\_\_\_ Manure Form:  SOLID or  LIQUID  
 Livestock Type: \_\_\_\_\_ If no Manure is to be applied, check here:

Legal Description								
Field ID								
G.P.S. COORDINATES (4 corners of the field) Coordinates in Decimal Degrees (If available)								
Legal Owner's Name and Phone								
Field Size <sup>1</sup> (acres)								
Soil Class and Subclass <sup>2</sup>								
Proposed Crop								
Is the Proposed Crop Grazed? (indicate by entering 'Yes')								
0 – 6 inch (15 cm) depth soil phosphorus (P) in ppm <sup>3</sup>								
0 – 24 inch (60 cm) depth soil nitrate (NO <sub>3</sub> -N) in lbs/acre <sup>3</sup>								
Target Yield (bus/acre, lbs/acre, tons/acre)								
Crop Nitrogen Recommendation <sup>4</sup> (lbs N/acre)								
Crop Removal of Phosphate <sup>5</sup> (lbs P <sub>2</sub> O <sub>5</sub> /acre)								
Manure Application Rate (gal/acre or tons/acre) * if using multi-year P <sub>2</sub> O <sub>5</sub> rate circle # equal to multiple of years <sup>6</sup>	2	3	4	5	2	3	4	5
Application Season (spring / fall / summer)								
Application Start Date (month / day / year)								
Application Method <sup>7</sup>								
Non manure Nitrogen Fertilizer (lbs N/acre)								
Non manure Phosphate Fertilizer (lbs P <sub>2</sub> O <sub>5</sub> /acre)								
Applicator – Name, Phone, Licence								

<sup>1</sup> Indicate only the available acres for manure spreading (exclusive of setbacks from surface water courses, etc.).  
<sup>2</sup> Must list correct Agricultural Capability Class and subclass as determined by Published Manitoba Soil Survey Report, or electronic data distributed by Manitoba Land Initiative website. Use the worst class manure will be spread on.  
<sup>3</sup> As shown on the soil analysis report appended to this form. If soil analysis reports are not available at the time of submitting the form, they **must** be forwarded to Manitoba Conservation 14 days **before** application of manure to allow for processing.  
<sup>4</sup> Indicate the recommended nitrogen (N) application rate suggested by the soil fertility guide or soil analysis report, whichever is lower.  
<sup>5</sup> Indicate the crop removal rate of phosphate (P<sub>2</sub>O<sub>5</sub>) as determined by the most appropriate source of information.  
<sup>6</sup> When soil test phosphorus levels are 60 ppm to 179 ppm manure may be applied at a rate of up to 5 times the annual crop removal rate of P<sub>2</sub>O<sub>5</sub>.  
<sup>7</sup> Choose 1 of the following and put the corresponding letter on the form: **A.** Broadcast and incorporate after 2 days. **B.** Broadcast + Incorporate after 3 days. **C.** Broadcast and incorporate within 2 days. **D.** Broadcast and no incorporation. **E.** Broadcast and no incorporation on forages. **F.** Injection. **G.** Irrigation and incorporation within 3 days. **H.** Irrigation and no incorporation.

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### Section F -Certification of Manure Management Plan

**Note: The Plan must be certified or it is VOID. Mark appropriate box with "X".**

I certify that the information contained in this plan is true and that no relevant information has been withheld.	
Date _____	Signature of Operator _____
Plan Prepared by:	
<input type="checkbox"/> Operator	
<input type="checkbox"/> Other	
<i>If other than operator:</i>	
I certify that the information contained in this plan is true and that no relevant information has been withheld.	
Date _____	Signature of person preparing plan on behalf of operator _____
Address and phone number of person preparing plan: _____	
_____	
MIA # <sup>1</sup> /CCA # _____	
<sup>1</sup> - if exempt from registration to MIA as per Section 13(7) of MR 42/98 enter 0000.	

**FOR ADDITIONAL INFORMATION,  
PLEASE CONTACT ONE OF THE FOLLOWING REGIONAL OFFICES**

<b>Red River Region</b> 123 Main Street, Suite 160 Winnipeg MB R3C 1A5 Telephone: (204) 945-7100 Facsimile: (204) 948-2338	<b>Western Region</b> 1129 Queens Ave. Brandon MB R7A 1L9 Telephone: (204) 726-6064 Facsimile: (204) 726-6567
<b>Red River Region</b> Unit 5, 284 Reimer Avenue Box 2019 Steinbach MB R5G 1N6 Telephone: (204) 346-6060 Facsimile: (204) 326-2472	<b>Western Region</b> 27 – 2 <sup>nd</sup> Av SW. Dauphin MB R7N 3E5 Telephone: (204) 622-2030 Facsimile: (204) 638-8626
<b>Red River Region</b> 3rd Floor 25 Tupper Street N Portage la Prairie MB R1N 3K1 Telephone: (204) 239-3204 Facsimile: (204) 239-3215	<b>Interlake Region</b> 75 – 7 <sup>th</sup> Ave. Gimli MB R0C 1B9 Telephone: (204) 642-6095 Facsimile: (204) 642-6108
<b>Eastern Region</b> Air Services, Provincial Highway #502 Lac du Bonnet MB R0E 1A0 Telephone: (204) 345-1444 Facsimile: (204) 345-1440	
<b>To report environmental emergencies call 944-4888 (24 hours)</b>	