Form R-1

# Litter/Manure Solids Generation/Removal Record

## For Recording Litter/Manure Solids Transfer Events

Calendar Year _____

Animal Species _____

Farm Operation Name _____ CAFO # _____ Type Manure Solids _____

Farm Operator _____ Loader-Transporter Operator _____

| DATE | 72-HOUR WEATHER FORECAST | TRANSFER ACTION [1] | NUMBER OF LOADS | LOAD VOLUME (tons) | TARGET FARM NAME | FIELD NUMBER | NAME & PHONE NUMBER | |
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| | | | | | | | CAWV | GIVE AWAY |
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[1]Enter LA (Land Apply on Controlled Land), CAWV (transfer to CAWV), or GA (give away - with information)

Form R-2

# Litter/Manure Solids Application Field Record

Field Number: _____

**One Form for Each Field Per Crop Cycle**
**Beginning ____/____/_____**

**Farm Operation Name** _____ **CAFO #** _____ **Animal Species** _____

**Farm Operator** _____ **Spreader Operator** _____ **Type Manure Solids**_____

**From Nutrient Management Portion of WMSP/CNMP Dated: ____/____/_____**

**FIELD SPREADABLE ACRES (A):** _____

**MANURE PLAN APPLICATION RATE (TONS/ACRE):** _____

**Crop:** _____

**Soil Test Date:** ____/____/_____

**Date planted:** ____/____/____

**Soil Test Recommendations (lbs/acre/yr): (B) = N** _____ **$P_2O_5$** _____ **$K_2O$** _____

**Harvest dates:** ____/____/____; ____/____/____; ____/____/____

**P Rating:** _____ **P Index:** _____

**Harvest amounts:** _____; _____; _____

**Basis of P Application: N Limit** _____ **$P_2O_5$ 1X** _____ **2X** _____ **3X** _____

| (1) Date | (2) 72-Hour Weather Forecast | (3) Nutrient Source[1] | (4) Number of Loads Per Field | (5) Weight per Load[2] (tons) | (6) Total Weight (tons) (4) x (5) | (7) Weight/Acre (tons/ac) (6)/(A) | (8) Nutrient Analysis[3] (lb/ton N-$P_2O_5$-$K_2O$) | (9) Nutrient Applied (lb/ac N-$P_2O_5$-$K_2O$) (7) x (8) | (10) Nutrient Balance[4] (lb/ac N-$P_2O_5$-$K_2O$) (B) - (9) |
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**Crop Cycle Totals: Manure** _____ **Tons/Acre; Nutrients N** _____ **$P_2O_5$** _____ **$K_2O$** _____ **lbs/acre**

**Owner's Signature** _____ **Vendor's Signature** _____

**Certified Animal Waste Vendor (print)** _____ **CAWV number:** _____

[1]Litter, compost, fertilizer, etc [2]Calibrate manure spreader at least once per year and record. [3]Approved book value or SAMPLE and TEST as required. [4]For the first entry in this column, subtract column (9) from (B); for succeeding entries, subtract the Nutrient Applied (9) from the previous Nutrient Balance (10) entry.