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| **Horse with solid fill MANURE TRACKING MANIFEST Horseshoe with solid fill** | |
| Instructions:   1. Complete one manifest for each hauling event, for each destination. A hauling event may last for several days, as long as the manure is being hauled to the same destination. 2. If there are multiple destinations, complete a separate form for each destination. 3. The operator must obtain the signature of the hauler upon completion of each manure hauling event. 4. The operator shall maintain manure tracking manifests on site at the permitted facility. | |
| **Operator Information** | |
| Name of Operator: | |
| Name of Facility: | |
| Facility Address: | |
| Mailing Address: | |
| Phone Number: | |
| **Manure Hauler Information** | |
| Name of Hauling Company and Contact Person: | Phone Number: |
|  |  |
| **Destination information** | |
| Hauled to (Name and Address):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Dates Hauled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please give name and location of the composting operation, or, if the manure was hauled to cropland, the owner or tenant and the destination address or nearest cross streets.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Please enter the amount in the box below and circle the appropriate units** | |
| Amount removed from Facility | |
| \_\_\_\_\_\_\_\_\_\_\_\_Tons *or* \_\_\_\_\_\_\_\_\_\_\_ Cubic Yards | |
| 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 persons who manage the system, or those 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 or imprisonment for knowing violations.  Operator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_  Hauler’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ | |