

**Maine Department of Agriculture, Conservation and Forestry
Division of Animal and Plant Health**

REQUEST FOR VARIANCE

from

Nutrient Management Plan Development and/or Implementation Deadlines

Pursuant to 7 MRSA §4204

Please enter the following information completely: Date: _____

I. Farm Information

Farm Name: _____

Farm Location: _____

(Town, Road Name)

Farm Owner/Operator: _____

Address:

City _____ State _____ Zip Code _____

Telephone (s) _____ Email _____

II. Type and number of livestock:

(Enter NUMBER of animals of each type)

Milking cows _____ Laying hens/Broilers _____

Dairy calves and heifers _____ Sheep _____

Beef cows _____ Other _____

III. Reason for seeking a variance, e. g., explain why the plan was not developed or updated prior to the legal deadlines – need soil samples, manure samples, etc.:

⇒ Attach any information supporting your request. Examples include, but are not limited to, a signed statement by a certified nutrient management planning specialist or NRCS employee indicating that a variance is required for compliance with the Nutrient Management Law.

IV. Timeline of the requested variance:

Indicate for how long you are requesting a variance and the actions you will take to insure compliance with the Nutrient Management Law by the end of the variance period.

NOTE: Your certified planner must sign this form on page 2 prior to submission.

Certification of Information Provided

I certify that the information given above is correct to the best of my knowledge.

Signature of Farm Owner(s) or Operator(s) _____

Certification by Planning Specialist of Work in Progress

Please check the appropriate deadline that applies to the project:

☐ I certify that there currently is a nutrient management plan being developed or updated by a certified nutrient management specialist and that the plan should be finished by _____. I also certify that a variance is necessary for the operator to comply with required deadlines for having a certified nutrient management plan developed pursuant to 7 MRSA §4204 of the Nutrient Management Law.

☐ I certify that the nutrient management plan for this operation has been written, is currently being implemented and that the final implementation phase should be finished by _____. I also certify that a variance is required for the operator to comply with the current deadline for having a certified nutrient management plan implemented, pursuant to 7 MRSA §4204 of the Nutrient Management Law.

Signature of the certified nutrient management specialist working on the plan

Certification number _____

Completed forms must be submitted to:

Mark F. Hedrich
Maine Department of Agriculture, Conservation and Forestry
Division of Animal and Plant Health
28 State House Station
Augusta, Maine 04333-0028