



MMP Short Form for Annual Updates

CASHIER'S USE ONLY
 0473-542-473B-0431
 Facility Name _____
 Facility ID # _____

Iowa law requires annual updated MMPs and fees to be submitted on or before the 1st of the month due. If the update is not submitted by the due date, DNR issues a Notice of Violation. **If a complete update and fees are not submitted by the end of the month it is due, the late submittal is referred to DNR legal services for enforcement action, including a \$3,000 penalty.** For facilities with IDALS 200A certification, include a copy of the certification and compliance fees with this form to meet annual update requirements

Instructions:

1. Fill in name, ID number, location, and owner/contact information. Check applicable box(es) below. Sign (facility owner) and date the form.
2. Make copies of this form for yourself, each county and the DNR field office. Submit copy to each county and have each county sign the form.
3. Submit a signed (by each county and facility owner) form to the appropriate DNR Field Office.

Facility Name: HIBBS SITE Facility ID #: 58019

Facility Address: 2541 280TH ST. MARSHALLTOWN IA 50158
(Address) (City) (State) (Zip)

Owner's Name: JACOB STALZER Phone Number: _____

Mailing Address: 2916 NEWBY AVE. HAVERHILL IA 50120
(Address) (City) (State) (Zip)

Email Address (optional): _____

Contact Name: DAVID HALVORSEN Phone Number: 641-751-6638

Mailing Address: 405 W MERLE HIBBS BLVD MARSHALLTOWN IA 50158
(Address) (City) (State) (Zip)

Email Address (optional): haldph57@gmail.com

Prior to making changes in manure management practices, update the on-site copy to show actual changes. Please select changes below and include all changes in your current, on-site MMP.

- I have made no changes to my MMP.
- I have added acres; changed crop rotation or optimum yields; changed application method; used manure analysis.
- I am electing to be a small animal feeding operation (SAFO) or facility capacity has changed (**Contact your local DNR Field Office**).
- I have made other changes to my MMP. Describe: ownership change

Signature of Facility Owner: Jacob Stalzer Date: 8-14-23

VERIFICATION OF COUNTY RECEIPT: I have received a complete copy of the annual MMP update.

County: marshall Signature: [Signature] Date: 8/15/23

County: _____ Signature: _____ Date: _____

County: _____ Signature: _____ Date: _____

For DNR to approve the update, submit on this form, check at least one box above, have each county and the facility owner sign and date, and pay the correct fees.

Calculate the **Animal Unit Capacity (AUC)**: multiply the maximum number of each species confined at one time by the appropriate factor indicated below, then add all animal units together and multiply by \$0.15:

ANIMAL SPECIES	(Max Capacity)	X (FACTOR)	AUC
Slaughter or feeder cattle		1.0	
Immature dairy cattle		1.0	
Mature dairy cattle		1.4	
Swine over 55 lbs	3000	0.4	12020
Swine 15 lbs. to 55 lbs.; Sheep; Goats		0.1	
Horses		2.0	
Turkeys 7 lbs. or more		0.018	
Turkeys less than 7 lbs.		0.0085	
Broiler or layer chickens 3 lbs. or more		0.01	
Broiler or layer chickens less than 3 lbs.		0.0025	
Fish		0.001	

	Fee/AU	Compliance Fee Due
Total AUC <u>1200</u>	X \$0.15	\$ <u>180.00</u>