Maine Department of Agriculture, Conservation and Forestry REQUEST FOR VARIANCE

from

Winter Manure Spreading Ban

Pursuant to 7 MRSA §4207

Please enter the following information COM	IPLETELY: 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 <u>number</u> of animals of each type	e)	
Milking cows	Laying Hens/Broilers	
Dairy calves and heifers	Sheep	
Beef cows	Other	
⇒Attach any information supporting the re III A. Will spreading be done on tilled grown Yes No IV. Time Needed to Complete Required	und that has an actively-growing	-
V. Actions to Insure Future Compliance Indicate actions you are prepared to take to winter spreading ban in future years, e.g., s equipment.	ensure that you will be able to	1 0
	of Information Provided	yladga
I certify that the information given above is	s correct to the best of my know	reuge.
Signature of Farm Owner(s) or Operator(s)		
Completed form must be submitted to:		
<u>*</u>	ark F. Hedrich	
	agement Program Manager	
Maine Department of Ag	griculture, Conservation and Forest	ry

Phone: 207-287-7608 E-mail mark.hedrich@maine.gov Fax: 207-287-5576

28 State House Station Augusta, Maine 04333 - 0028