**Emergency Winter Application Documentation Sheet**

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| Farm Name: |  | Date: |  |

*NOTE: This form should be signed and submitted by permittee within 5 days after application*

1. Has the WDNR been notified prior to the emergency application? YES / NO

If NO, contact your regional runoff management specialist.

If YES, date DNR was notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Describe the events leading up to the request to emergency apply liquid manure on frozen or snow covered ground. Be specific.
2. Complete the following table after emergency application:

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| --- | --- | --- | --- | --- | --- |
| **Field Name** | **Hauler Name** | **Date** | **Application Rate** | **Total Gallons Applied to Field** | **Comments** |
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| **Field Name** | **Hauler Name** | **Date** | **Application Rate** | **Total Gallons Applied to Field** | **Comments** |
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1. Were application rates and restriction maps provided to the hauler prior to application?

YES / NO

*I certify that to the best of my knowledge and belief such information is true, complete and accurate. This document must be signed by an individual who is either an owner of the operation identified above or a corporate officer if the operation is incorporated.*

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_