

**MANURE APPLICATION AGREEMENT FORM C**

NMP # \_\_\_\_\_

MUNICIPALLY REGULATED LIVESTOCK FARM OWNER(S)/OPERATOR \_\_\_\_\_

FARM LOCATION Lot \_\_\_\_\_ Conc. \_\_\_\_\_ Township \_\_\_\_\_ Former Twp. \_\_\_\_\_ County \_\_\_\_\_

Our municipally regulated livestock farm is preparing a Nutrient Management Plan (Municipal) with the goal of carrying out an environmentally sound program. In order to accomplish this, we need more land than we currently own. The proper application of livestock manure, following a Nutrient Management Plan (Municipal) shall be carried out to minimize the impact on the environment.

I, \_\_\_\_\_ (landowner) give permission to \_\_\_\_\_ (owner/operator) to incorporate my lands in the Nutrient Management Plan Number (Municipal) \_\_\_\_\_ and to apply manure on land I own at the following locations:

	Location 1	Location 2	Location 3
911#			
Lot			
Concession			
Former Twp.			
Township			
County			
Total Tillable Acres			
Tillable Acres used for NMP			
Roll No.			
PIN			
Twp. Initials			

(If more space is required, please use other side)

The landowner gives permission to \_\_\_\_\_ (Municipally Regulated Livestock Farm Owner/Operator) to do soil sampling on the above-noted property(s) to determine the condition of the soil, as required for the purpose of a Nutrient Management Plan (Municipal).

The landowner agrees that the land identified in this agreement will not be used for the application of any other livestock manure or biosolids originating from any other livestock farm or other source during the term of this agreement.

This agreement shall be in force for a maximum period of three (3) years, commencing on \_\_\_\_\_ and ending on \_\_\_\_\_.

Pollution liability insurance will be carried by \_\_\_\_\_ (Municipally Regulated Livestock Farm Owner/Operator) to cover spill cleanup and liability.

The landowner is notified by this agreement that any land owned within the County of Oxford will be registered on the County of Oxford LRIS System.

**MUNICIPALLY REGULATED LIVESTOCK FARM OWNER(S)/OPERATOR(S)**

\_\_\_\_\_  
Name (please print) Signature

\_\_\_\_\_  
Name (please print) Signature

**LANDOWNER(S) – In the case of a Corporation, I have authority to bind the Corporation.**

\_\_\_\_\_  
Name (please print) Signature

\_\_\_\_\_  
Name (please print) Signature

WITNESS \_\_\_\_\_  
Date Signature

**Note:** Permission to use these lands for the purpose of a Nutrient Management Plan is required from all property owners listed on title for the affected lands. For properties owned by more than one person, permission may be given by additional owners in the form of a signature on this form or a signed letter accompanying this form.

	Location 4	Location 5	Location 6
911#			
Lot			
Concession			
Former Twp.			
Township			
County			
Total Tillable Acres			
Tillable Acres used for NMP			
Roll No.			
PIN			
Twp. Initials			