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 COMPLETELY: Date: ________________

I. Farm Information
Farm Name: ________________________________
Farm Location: ____________________________
(Town, Road Name)
Farm Owner/Operator: ____________________________
Address: __________________________________________
City, State ________________, __________ Zip Code ______
Telephone (s)_________________________ Cell: __________
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(s) for Seeking a Variance i.e., why spreading was not completed before December 1st, e.g., weather conditions, equipment problems, illness, etc.
_____________________________________________________________________________________________
_____________________________________________________________________________________________
 Attach any information supporting the request.

III A. Will spreading be done on tilled ground that has an actively-growing winter cover crop? Yes ☐ No ☐

IV. Time Needed to Complete Required Spreading, e.g., a few days, one week, etc.?
________________________________________________________________________
________________________________________________________________________

V. Actions to Insure Future Compliance
Indicate actions you are prepared to take to ensure that you will be able to comply with the winter spreading ban in future years, e.g., spreading earlier, enlarging storage pits, adding equipment.
________________________________________________________________________
________________________________________________________________________

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) ________________________________

Completed form must be submitted to:
Mark F. Hedrich
Nutrient Management Program Manager
Maine Department of Agriculture, Conservation and Forestry
28 State House Station
Augusta, Maine 04333 - 0028

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