



# NUTRIENT MANAGEMENT PLAN FACILITY ANNUAL REPORT

NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DIVISION OF WASTE MANAGEMENT  
12-2025

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Please complete the form and sign. Attach additional pages as necessary.

Clear Fields

## 1. Facility Information

Facility Name	Owner/Operator Name	Telephone Number	
Facility Mailing Address	City	State	ZIP Code
Facility Location Address	City	State	ZIP Code
Email Address			

## 2. Calendar Period Covered by Report (Ex. January 1<sup>st</sup> – December 31<sup>st</sup>)

From	To	Year
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## 3. Annual Total Quantity of Recycled Agricultural Material Composted or Treated:

Indicate if amount is in Pounds (lbs), Gallons per acre (Gal/Ac.), Cubic Yards (yds<sup>3</sup>), or Gallons (Gal)

Waste Type	Total Waste Amount	Unit of Measurement
Recycled Agricultural Material Composted		
Recycled Agricultural Material Land Applied		
Total Amount (add the total amount of compost and land application)		

## 4. Description of Materials Composted and/or Land Applied

Examples include, but not limited to: beet pulp, bio-distillers solids (BDS) butcher shop waste, caked biomass, corn product, mud solids, residual industrial byproducts (IBPs)

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## 5. Attach the records that include the place, date, and amount of recycled agricultural material applied per acre. Are the records attached?

☐

Yes

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No – please include a brief explanation below of why this information is not included.

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## 6. Attach a copy of any testing records. Are the records attached?

☐

Yes

☐

No – please include a brief explanation below of why this information is not included.

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7. Noncompliance (Explain Any Occurrences of Noncompliance)

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8. Name, Date and Signature of Preparer:

Signature	Date
Printed Name	

Send completed form via email to: [solidwaste@nd.gov](mailto:solidwaste@nd.gov) or  
Mail completed form to:  
**North Dakota Department of Environmental Quality**  
**Division of Waste Management**  
**4201 Normandy Street**  
**Bismarck, ND 58503-1324**