



NUTRIENT MANAGEMENT PLAN FACILITY ANNUAL REPORT

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

Telephone: 701.328.5166
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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 1st – December 31st)

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 (yds³), 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)

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

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

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.

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 or

Mail completed form to:

**North Dakota Department of Environmental Quality
Division of Waste Management
4201 Normandy Street
Bismarck, ND 58503-1324**