

## End-User Animal Waste Transfer Record

***This record must be maintained by the end-user for at least three (3) years from the date of the waste transfer.***

<b>SOURCE INFORMATION: Animal Feeding Operations Owner/Permittee</b>			
DEQ Permit #: _____			
Name: _____		Business Name: _____	
Mailing Address: _____			
Street	City	State	Zip

Date(s):	Amount:	<input type="checkbox"/> Gallons	Waste Analysis N-P-K (available - lbs/gal or ton):
		<input type="checkbox"/> Tons	
Locality where litter will be utilized or stored:			Nearest Stream or Waterbody to Land Application or Storage Area:
Town or City	Zip		
Final Use of Waste: <input type="checkbox"/> Fertilizer <input type="checkbox"/> Feed <input type="checkbox"/> Fuel <input type="checkbox"/> Other (specify):			

Date(s):	Amount:	<input type="checkbox"/> Gallons	Waste Analysis N-P-K (available - lbs/gal or ton):
		<input type="checkbox"/> Tons	
Locality where litter will be utilized or stored:			Nearest Stream or Waterbody to Land Application or Storage Area:
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