## **Nutrient Management Plan Review Form A-1**

Certificate Reference	NMP #
Name	Address
Type of Livestock Type of Manure Storage Project Description	# of days storage
Certificate Signed by the Per	son who Prepared the Nutrient Management Plan
provided in good faith and excrecommendations contained i	, hereby certify that based on relevant information cluding unforeseen or uncontrollable circumstances, the in the attached report will, if implemented, result in ices. Acceptable management practices refer to normal ontravene any applicable law.
Signature	Date
Certificate Signed by Farm C	Owner and/or Operator
	tor who is renewing his Nutrient Management Plan and int in agriculture to review their nutrient management planement to the report.
I,	, hereby certify that I have reviewed my Nutrient ) and I shall, in good faith, follow and implement the rithin the Nutrient Management Plan (Municipal).
Signature	Date
Certificate signed by OMAF Nutrient Management Plan	RA or a Consultant in Agriculture Reviewing the
(Municipal) and Manure Stora	, have reviewed the Nutrient Management Planage Capacity as submitted and confirm that it meets the criteria of the Ontario Ministry of Agriculture and Food.
Signature	 Date