

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF WATERSHED RESTORATION AND NONPOINT SOURCE MANAGEMENT

AGRICULTURAL OPERATION REFERRAL FORM

Date	e: Farm ID:		
To:			
10.	Name (Regional or Central DEP office)		
Froi	m:		
	Name (Conservation District)		
Оре	eration Information		
Owner/Operator Name: Phone:			
Loc	ation Address:		
	Municipality: Latitude/Longitude:		
Rec	ceiving Stream:		
Mai	ling Address:		
This referral is regarding:			
	Lack of Manure Management Plan (Chapter 91)		
	Active Pollution Event		
COMMENTS:			
The following items are attached as part of this referral (please include all available information):			
1.	A chronology of related events leading to the request for DEP action.		
2.	All site inspection reports and investigation forms regarding the violation.		
3.	All written correspondence sent to and received from the owner/operator regarding the violation.		
4.	Summary of verbal communications with the owner/operator regarding the violation, including phone calls and personal visits.		
5.	Supporting documentation (e.g., photographs, previous violations, etc.) to help DEP understand the violation.		
6.	Documentation regarding enforcement actions taken (or pending) by other agencies, including contact and agency names.		
7.	A brief description of actions taken by the owner/operator demonstrating efforts at compliance. (If Applicable.)		
8.	A brief description of actions taken by the owner/landowner indicating unwillingness to comply. (If Applicable.)		
9.	List and brief description of related communications between the conservation district staff and other interested/involved parties (e.g., PDA, PA F&BC, and legislators). (If Applicable.)		
10.	Letter from the District Chairman or District Manager referring the case for DEP action. (As Appropriate.)		