

INSPECTION REPORT FOR AGRICULTURAL OPERATIONS

Inspection Type: <input type="checkbox"/> Initial <input type="checkbox"/> Follow-Up <input type="checkbox"/> Phase 2				
Operation Name	Farm ID	Inspection Date	Entry Time	Agency <input type="checkbox"/> DEP <input type="checkbox"/> CCD
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Municipality:	Latitude:	Total Acres of Operation:		
County:	Longitude:	<input type="checkbox"/> Home Farm <input type="checkbox"/> Rented Fields		
Mailing Address:	City, State and Zip:	<input type="checkbox"/> Satellite Farm		
Location Address:	City, State and Zip:	<input type="checkbox"/> Crops Only		
		<input type="checkbox"/> Animals Housed On-Site		
Inspection: <input type="checkbox"/> Scheduled <input type="checkbox"/> Not Scheduled	Interviewee: Name:	Type No.		
<input type="checkbox"/> Owner or Operator Not Available	<input type="checkbox"/> Owner _____	_____		
<input type="checkbox"/> Response to a Complaint	<input type="checkbox"/> Operator _____	_____		
<input type="checkbox"/> No Inspection Due to Biosecurity	<input type="checkbox"/> Other _____	_____		
Comments:		AEU est.: _____ <input type="checkbox"/> Calc. Attached		
Manure Management Plan	Manure or Ag Process Wastewater is land applied through mechanical application or direct application by pastured animals.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the Operation Have a Written MMP? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Admin. Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No		
MMP Developed By: <input type="checkbox"/> Certified Planner <input type="checkbox"/> Owner or Operator (<input type="checkbox"/> with assistance) <input type="checkbox"/> Agency				
Planner Name: _____		Plan Date: _____		
Inspected Acres Available for Manure: _____		Inspected Cropland Acres Covered by MMP: _____		
Total Acreage Covered by MMP: _____		Total Includes: <input type="checkbox"/> Home Farm <input type="checkbox"/> Satellite Farm(s) <input type="checkbox"/> Rented Fields		
<input type="checkbox"/> Manure is Exported		<input type="checkbox"/> Manure is Imported (<input type="checkbox"/> NBS Available)		<input type="checkbox"/> Sewage Sludge is Imported
Liquid Manure Storage Facilities:				
Type: _____	Capacity: _____	gal	Year: _____	
Type: _____	Capacity: _____	gal	Year: _____	
Type: _____	Capacity: _____	gal	Year: _____	
Manure Stacking: <input type="checkbox"/> Yes <input type="checkbox"/> No		Outdoor Feed Storage: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Process Wastewater: <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____		AHUA(s) / ACA(s): <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are All BMPs in the MMP Implemented According to Schedule?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Determined		
Are All BMPs Functioning as Intended?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Determined		
Are All Resource Concerns Addressed by Appropriate BMPs?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Determined		
Are Spreading Rates Less Than or Equal to Planned Rates?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Manure Application Setbacks Are Followed		<input type="checkbox"/> Manure Application Records Are Kept		
Comments:				

INITIAL INSPECTION REPORT FOR AGRICULTURAL OPERATIONS

Operation Name: _____

Inspection Date: _____

Agricultural E&S Plan	Plowing/Tilling Activities or AHUA(s) of at Least 5,000 SF On-Site? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the Operation Have a Written Ag E&S Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Admin. Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Ag E&S Plan Developed By: <input type="checkbox"/> Consultant <input type="checkbox"/> Owner or Operator (<input type="checkbox"/> with assistance) <input type="checkbox"/> Agency			
Planner Name: _____		Plan Date: _____	
Inspected Acres Covered by Ag E&S Plan: _____			
Total Acreage Covered by Ag E&S Plan: _____		Total Includes: <input type="checkbox"/> Home Farm <input type="checkbox"/> Satellite Farm(s) <input type="checkbox"/> Rented Fields	
Are All BMPs in the Ag E&S Plan Implemented According to Schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Determined			
Are All BMPs Functioning as Intended? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Determined			
Are all Resource Concerns Addressed by Appropriate BMPs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Determined			
Comments: 			
Water Quality	<input type="checkbox"/> Pollution Event <input type="checkbox"/> Water Quality Issues <input type="checkbox"/> Not Determined <input type="checkbox"/> No Issues Observed		
Comments: 			
Violations	<input type="checkbox"/> 25 Pa. Code § 91.36(b) <input type="checkbox"/> 25 Pa. Code § 102.4(a) <input type="checkbox"/> Other: _____		
Requested Corrective Action(s):			
<input type="checkbox"/> <u>Develop and submit</u> MMP to inspector. Requested submission date: _____ days from the date of this report			
<input type="checkbox"/> <u>Develop and submit</u> Ag E&S Plan to inspector. Requested submission date: _____ days from the date of this report			
<input type="checkbox"/> <u>Update inaccurate information</u> contained in Ag E&S Plan and/or MMP within: _____ days from the date of this report			
<input type="checkbox"/> <u>Install BMP(s)</u> that are past scheduled implementation date within: _____ days from the date of this report			
<input type="checkbox"/> <u>Correct BMP(s)</u> that are not functioning as intended within: _____ days from the date of this report			
<input type="checkbox"/> <u>Update plan(s)</u> to address noted resource concern(s) within: _____ days from the date of this report			
<input type="checkbox"/> Other: _____			
Additional Comments: 			
<input type="checkbox"/> The Owner or Operator has completed an NRCS Authorization form for release of NRCS-developed plan(s)			
Person Interviewed:	Cell Phone:	Inspector Name:	Cell Phone:
Signature:	Other Phone:	Signature:	Other Phone:
Organization:		Organization:	
Title:		Title:	
Email:		Date Report Provided to Operation:	
This document is official notification that a representative of the Department of Environmental Protection (DEP) or County Conservation District (CCD) inspected the above referenced operation. The findings of this inspection are shown above and on any attached pages. Any violations that were noted during the inspection are indicated. Violations may also be discovered upon review of DEP or CCD records or upon a more thorough inspection of the operation. The information on and attached to this report, if applicable, may be subject to Pennsylvania's Right to Know Law. Signature of interviewee acknowledges receipt of inspection report only.			