# INSPECTION REPORT FOR AGRICULTURAL OPERATIONS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PACS Verification**:**  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inspection Type(select all that apply)**:**  Complaint Evaluation – Chapter 102.4(a) Complaint Evaluation – Chapter 91.36  CBAIP Initial Inspection  Follow‑Up Inspection  CBAIP Phase 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Operation Name | | | |  | Farm ID | | | | | | |  | Inspection/Verification Date | | | | | | | | | | | |  | | Entry Time | |  | Agency | | | |  |
|  |  | | | |  |  | | | | | | |  |  | | | | | | | | | | | |  |  | | |  | | DEP  CCD  Other | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Municipality: | | | | | | | | County: | | | | | | | | | | | | | | | | | Latitude: | | | | | | Longitude: | | | | |
| Receiving Stream: | | | | | Stream Designation: | | | | | | | | | | | | | | | | | | Watershed: | | | | | | | | | | | | |
| Mailing Address: | | | | | | | | | | City, State and Zip: | | | | | | | | | | | | | | | | Total Acres of Operation: | | | | | | | | | |
| Home Farm  Crops Only  Rented Fields  Satellite Farm  Animals Housed on Site | | | | | | | | | |
| Location Address: | | | | | | | | | | City, State and Zip: | | | | | | | | | | | | | | | | Type | | | | | | | | No. | |
|  | | | | | | | |  | |
|  | | | | | | | |  | |
| Inspection:  Scheduled Not Scheduled | | | | | | | | | | Interviewee: | | | | | | Name: | | | | | | | | | |  | | | | | | | |  | |
| Owner or Operator Not Available | | | | | | | | | | Owner | | | | | |  | | | | | | | | | |  | | | | | | | |  | |
| Response to a Complaint | | | | | | | | | | Operator | | | | | |  | | | | | | | | | | AEU est.: | | | | Calc. Attached | | | | | |
| No Inspection Due to Biosecurity | | | | | | | | | | Other | | | | | |  | | | | | | | | | |
| Comments: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manure Management Plan25 Pa. Code 91.36 | | | | | | Manure or Ag Process Wastewater is land applied through mechanical application or direct application by pastured animals. | | | | | | | | | | | | | | | | | | | | | | | | Yes  No  Not Determined | | | | | |
| Does the Operation Have a Written MMP? | | | | | | | | | Yes  No  N/A | | | | | | | | | | | | | | | Admin. Complete? | | | | | | | Yes  No | | | | |
| MMP Developed By: | | | | Consultant  Owner or Operator ( with assistance)  Agency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Planner Name: | | | | | | | | | | | | | | | | | | | | Plan Date: | | | | | | | | | | | | | | | |
| Inspected Acres Available for Manure: | | | | | | | | | | | | | | | | | | | | Inspected Cropland Acres covered by MMP: | | | | | | | | | | | | | | | |
| Total Acreage covered by MMP: | | | | | | | | | | | Total Includes: | | | | | | | Home Farm  Satellite Farm(s)  Rented Fields | | | | | | | | | | | | | | | | | |
| Manure is Exported | | | | | | | Manure is Imported ( NBS Available) | | | | | | | | | | | | | | | | | | | | | | Sewage Sludge is Imported | | | | | | |
| Liquid Manure Storage Facilities: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type: | |  | | | | | | | | | | | | | Capacity: | | | | | | | gal | | | | | | | | Year: | | |  | | |
| Type: | |  | | | | | | | | | | | | | Capacity: | | | | | | | gal | | | | | | | | Year: | | |  | | |
| Type: | |  | | | | | | | | | | | | | Capacity: | | | | | | | gal | | | | | | | | Year: | | |  | | |
| Manure Stacking: Yes  No | | | | | | | | | | | | | | | | | | | Outdoor Feed Storage:  Yes  No | | | | | | | | | | | | | | | | |
| Process Wastewater: Yes  No Type: | | | | | | | | | | | | | | | | | | | | | AHUA(s) / ACA(s):  Yes  No | | | | | | | | | | | | | | |
| Are all BMPs in the MMP implemented according to schedule? | | | | | | | | | | | | | | | | | Yes  No  Not Determined | | | | | | | | | | | | | | | | | | |
| Are all BMPs functioning as intended? | | | | | | | | | | | | | | | | | Yes  No  Not Determined | | | | | | | | | | | | | | | | | | |
| Are all resource concerns addressed by appropriate BMPs? | | | | | | | | | | | | | | | | | Yes  No  Not Determined | | | | | | | | | | | | | | | | | | |
| Are spreading rates less than or equal to planned rates? | | | | | | | | | | | | | | | | | Yes  No  Not Determined | | | | | | | | | | | | | | | | | | |
| Manure Application Setbacks Are Followed | | | | | | | | | | | | Manure Application Records Are Kept | | | | | | | | | | | | | | | | | | | | | | | |
| Comments: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

# INSPECTION REPORT FOR AGRICULTURAL OPERATIONS

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| Operation Name: | |  | | | | | |  | | | Inspection Date: | | |  | |
| Agricultural E&S Plan25 Pa Code 102.4(a) | | | | Plowing/tilling activities or AHUA(s) of at least 5,000 ft² on‑site? | | | | | | | | | | | Yes  No  Not Determined |
| Does the operation have a written Ag E&S Plan?  Yes  No  N/A | | | | | | | | | | | | | Admin. Complete?  Yes  No | | |
| Ag E&S Plan Developed By: | | | | | Consultant  Owner or Operator ( with assistance)  Agency | | | | | | | | | | |
| Planner Name: | | | | | | | | | | | | Plan Date: | | | |
| Inspected Acres Covered by Ag E&S Plan: | | | | | | | | | | | | | | | |
| Total Acreage Covered by Ag E&S Plan: | | | | | | | Total Includes: Home Farm  Satellite Farm(s)  Rented Fields | | | | | | | | |
| Are all BMPs in the Ag E&S Plan implemented according to schedule? | | | | | | | | | | Yes  No  Not Determined | | | | | |
| Are all BMPs functioning as intended? | | | | | | | | | | Yes  No  Not Determined | | | | | |
| Are all resource concerns addressed by appropriate BMPs? | | | | | | | | | | Yes  No  Not Determined | | | | | |
| Comments: |  | | | | | | | | | | | | | | |
| Water Quality | | | | Pollution Incident Potential for Pollution  Not Determined  No Issues Observed | | | | | | | | | | | |
| Comments: |  | | | | | | | | | | | | | | |
| Violations | | | | 25 Pa. Code § 91.36(b)  25 Pa. Code § 102.4(a)  Other: | | | | | | | | | | | |
| Requested Corrective Action(s): | | | | | | | | | | | | | | | |
| Develop and submit MMP to inspector. Requested submission date:  days from the date of this report | | | | | | | | | | | | | | | |
| Develop and submit Ag E&S Plan to inspector. Requested submission date:  days from the date of this report  Update inaccurate information contained in MMP within:  days from the date of this report  Update inaccurate information contained in Ag E&S Plan within:  days from the date of this report  Install BMP(s) that are past scheduled implementation date within:  days from the date of this report  Correct BMP(s) that are not functioning as intended within: days from the date of this report  Update plan(s) to address noted resource concern(s) within:  days from the date of this report | | | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | | |
| Additional Comments: | | |  | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | |

# INSPECTION REPORT FOR AGRICULTURAL OPERATIONS

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| --- | --- |
| Operation Name: | Inspection Date: |

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| --- |
| ADDITIONAL COMMENTS |
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