



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF WATERSHED MANAGEMENT

Chesapeake Bay Special Projects Funding Program Landowner Request Form (CBP-SP1)

| 1. Applicant Inf | ormation | | | | | | |
|--|-----------------|--------------------|-----------------------------------|----------|----------------------|------|--|
| Landowner: Ste | ve Thomas | | Operator: | Mike Lev | vis | | |
| Farm Name: Tho | omas/Lewis Farm | | | | | | |
| Street Address: 112 Anywhere Lane | | | Street Address: 211 Anywhere Lane | | | | |
| Harrisburg, Pa 17101 | | | Harrisburg, Pa 17101 | | | | |
| Telephone Number: 555-777-1111 | | | Telephone Number: 555-111-7777 | | | | |
| Brief description of Nutrient Problems <u>OR</u> if project is not Agriculture related, please describe project and water quality benefits: Slight sheet erosion from conventional tillage. Leaching of nutrients | | | | | | | |
| Farm Acres: 100 | Croplan | Cropland Acres: 50 | | FSA | A Tract No. 1234 | | |
| If animal operations, please list annual animal types and numbers: | | | | | | | |
| Animal Type | Number | | Average Weight | | Production Days/Year | | |
| Beef (Feeders) | 100 | 850 I | lbs | | 365 days | | |
| | | | | | | | |
| | | | | | | | |
| Does your operation have a Nutrient Management Plan? | | | | | ☐ Yes | ⊠ No | |
| If yes, please list date of plan: NA | | | | | | | |
| Does your operation | | | | ☐ No | | | |
| If yes, please list date of plan: 1-12-2009 | | | | | | | |
| 2. Applicant Eligibility (Utilize this area to create specific eligibility parameters for the needs of the special project. See Forms Instructions Section of Manual for example. Attach additional pages as necessary.) | | | | | | | |
| Special Project Title: Reed County No-till and Cover Crop Incentives Program. | | | | | | | |
| 1 st Priority to those that have never performed no-till or cover crops in the past | | | | | | | |
| 2 nd Priority to those that have performed no-till or cover crops for less than 1 growing season | | | | | | | |
| 3 rd Priority to operations that have already preformed no-till or cover crop and the farm is located in an impaired watershed | | | | | | | |
| 4 th Priority to all other farms | | | | | | | |
| | | | | | | | |
| I hereby request Chesapeake Bay Special Project assistance for the farm identified above. | | | | | | | |
| Signed: Date: | | | | | | | |

EXAMPLE – Simple Purchase 3910-FM-WM0465 2/2007

| 3. Conservation District Use Only | | | | | | |
|--|--------------------------------------|----------------|--|--|--|--|
| Date Received: April 2, 2009 | | | | | | |
| Watershed Name: Hughes Run | Watershed Code: 789123 | | | | | |
| Determination of Eligibility: April 3, 2009 | Eligible | ☐ Not Eligible | | | | |
| If not eligible, state reason: NA | | | | | | |
| If eligible, amount of funding granted: \$2,500.00 | | | | | | |
| Accepted by (signature): | Date: | | | | | |
| Name (print): Marge Ely | Title: Conservation District Manager | | | | | |

EXAMPLE – Simple Purchase 3910-FM-WM0465 2/2007

Instructions to Complete Form

Section 1: Applicant Information

Landowner: Print or type name of legal landowner. If land is owned by a partnership or corporation, enter name

of President or Vice President and Secretary or Treasurer.

Farm Name: (If any)

Street Address: Enter mailing address of landowner residence or office headquarters. Street, box number,

city/town, state, and five or nine digit zip code.

<u>Telephone Number</u>: Enter area code and seven digit number.

Complete the following three fields, ONLY if operator is different than landowner, i.e. rented land <u>OR</u> if address of land where SPFP funds will be utilized is different from Landowner address.

Operator: If different from landowner.

Street Address: If different from landowner Street Address, enter mailing address of operator residence or office

head quarters.

Telephone Number: If different from Landowner Telephone Number, enter operator's area code and seven digit

number.

Project Description: In your own words, briefly describe any manure, nutrient, or soil management problems on the

farm. Include any runoff problems around the barn and erosion problems in crop fields. SPFP Funds are not limited to agricultural practices. Therefore, if project request is not agriculture

related, please describe the water quality benefits.

Farm Acres: The total acreage owned by operator. OR If rented land, total acreage applying for.

Cropland Acres: The total acres currently in crop production.

FSA Tract Number: If not known, this number is available from the County USDA Farm Services Agency Office.

The conservation district can provide assistance in obtaining this number.

Type of Operation: Please list all that apply.

Annual Animal Numbers:

a. List types of animals on operation.

b. List the total animal numbers of each type of animal listed.

c. List the average weight during the year of production period of each type of animal listed.

d. List the number of days the animals are located on the farm.

Nutrient Management and Conservation Plans: Indicate if you have either plan and the date of implementation.

Section 2: Applicant Eligibility

Answer questions provided by the district and complete by signing at the end of Section 2.