Watershed Agricultural Council/Watershed Agricultural Program
Whole Farm Plan Annual Status Review (ASR) -- 2015

Date: __________________________  Farm Number: __________________________
Participant: __________________________  Address: __________________________
Landowner: __________________________
Contact Person: __________________________  Phone: __________________________
Reviewer: __________________________  Cell Phone: __________________________
Planner: __________________________  Email: __________________________
NM Planner: __________________________

WF Plan revision needed: ☐ Yes ☐ No
Farm Status Change Form completed: ☐ Yes ☐ No
Immediate action required, see question number(s):

Type of Status Review:  ☐ Basic  ☐ Comprehensive

1. Conservation Footprint Map; Attached: ☐ Yes ☐ No, Validated: ☐ Yes ☐ No, Electronically Archived: ☐ Yes

2. Have there been any changes in the farm’s land resources (owned or rented) in the past year? ☐ Yes ☐ No
(Record all changes and identified land(s) from conservation footprint tool)

<table>
<thead>
<tr>
<th>Tract and Field, or Tax Parcel No. &amp; Town</th>
<th>Total Parcel Acres</th>
<th>Total Acres Ag Land Being Used</th>
<th>Current Use</th>
<th>Landowner full name and physical address, if possible.</th>
<th>Owned or Rented? (circle one)</th>
<th>Added or Deleted? (circle one)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Owned or Rented</td>
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<td>Add or Delete</td>
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<td>Add or Delete</td>
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</tbody>
</table>

Comments:

3. Has the future mission (goals) and the operation of the farm business changed for the next 1 - 5 years? ☐ Yes ☐ No
(If yes, please explain)

_________________________________________________________________________________________________
_________________________________________________________________________________________________
4. Does the Whole Farm Plan (WFP) address all of the potentially negative water quality impacts of the farm operation? □ Yes  □ No  If no, please explain and identify any new Recourse Concerns, (IRC) not identified in the current WFP.

<table>
<thead>
<tr>
<th>PC</th>
<th>Location</th>
<th>BMP Name</th>
<th>Code</th>
<th>Units Planned</th>
<th>Planning Est.</th>
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5. Are all implemented BMPs including NMP working effectively? (For a Comprehensive Status Review, list and evaluate all implemented BMPs). □ Yes  □ No (If no, please complete form below)

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

6. Has the Landowner/producer experienced any challenges in meeting the requirements of BMP Operation and Maintenance Agreements (for a Comprehensive Status Review, list and evaluate the O&M of all implemented BMPs). □ Yes  □ No (If yes, please complete form below)

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

For questions 5 and 6:

<table>
<thead>
<tr>
<th>BMP Number</th>
<th>BMP Name</th>
<th>Description of Issue</th>
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7. As per results from questions 4, 5 & 6; (If any are answered yes, please explain)

   a. Is a WFP revision needed / required? □ Yes  □ No

   b. Have as “BMP Repair / Modification Request for Assistance” been completed and submitted? □ Yes  □ No

   c. Have all new IRC (Identified Resource Concerns) been identified and recorded? □ Yes  □ No
Animal Inventory (Maximum Annual)

Landowner: ________________________ Farm Number: ___________ Date: ____________

<table>
<thead>
<tr>
<th>Age</th>
<th>Number</th>
<th>x Weight (lbs)</th>
<th>= Total (lbs)</th>
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<tbody>
<tr>
<td>0-3 months</td>
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<td></td>
<td></td>
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<tr>
<td>4-6 months</td>
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<td>6-12 months</td>
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<td>12 months</td>
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<td>To mature</td>
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<tr>
<td>Mature</td>
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<td>Other:</td>
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**Total**

<table>
<thead>
<tr>
<th>Age</th>
<th>Number</th>
<th>x Weight (lbs)</th>
<th>= Total (lbs)</th>
</tr>
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<tbody>
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<tr>
<td>Other:</td>
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</table>

**Total All** $\div 1,000 =$ **Total Animal Units**
8. Do you collect manure?  □ Yes  □ No
    a. If yes, please explain the nature of when and how the manure is collected (i.e. what groups of animals, what period of time, etc.)

_________________________________________________________________________________________________

______________________________________________________________________________

9. Do you pile manure?  □ Yes  □ No
    a. If Yes, characterize if it is piled indefinitely, picked up and exported, and/or spread on farm's fields?

___________________________________________________________________________________

_________________________________________________________________________________________________

10. If manure is spread, with what and who's (if not participant) equipment is it spread?

_________________________________________________________________________________________________

_________________________________________________________________________________________________

11. Are there issues / comments about the program or the WFP that the participant would like to discuss and have forwarded to the WAC Watershed Agricultural Program (WAP) Committee?  □ Yes  □ No (If yes, please explain)

___________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

9. Reviewers comments:

___________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

I have reviewed my WFP and completed this Annual Status Review with my planner and/or the assigned WAC reviewer. We have reviewed the BMPs on my farm and I understand the importance of proper operation & maintenance of the functioning BMPs beyond their life spans.

Print Name: ____________________________ ____________________________ Date

Signature: ____________________________ ____________________________

Landowner/Producer Reviewer
Watershed Agricultural Council/ Watershed Agricultural Program
BMP Operations and Maintenance Report – 2015

Date: __________________________ Farm Number: __________________________

Landowner: __________________________ Address: __________________________

Producer: __________________________

Contact Person: __________________________

Reviewer: __________________________ Phone: __________________________

Planner: __________________________ Email: __________________________

I. Operations and Maintenance Concern:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

II. Action Plan:

A. Farmer action to address Operations and Maintenance concern:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

B. Technical assistance needed from WAP to address Operations and Maintenance concern:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

C. Date for completion of the action plan: □ Immediate or Completion Date: ________________

Print Name: __________________________ __________________________ Date

Signature: __________________________ __________________________

Landowner/Producer Reviewer

Final Completion of O&M Remediation: Reviewer Signature __________________________ Date __________________________