

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

Date: _____ Farm Number: _____

Participant: _____ Address: _____

Landowner: _____

Contact Person: _____

Reviewer: _____ Phone: _____

Planner: _____ Cell Phone: _____

NM Planner: _____ Email: _____

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)

Tract and Field, or Tax Parcel No. & Town	Total Parcel Acres	Total Acres Ag Land Being Used	Current Use	Landowner full name and physical address, if possible.	Owned or Rented? (circle one)	Added or Deleted? (circle one)
					Owned or Rented	Add or Delete
					Owned or Rented	Add or Delete
					Owned or Rented	Add or Delete

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.

PC	Location	BMP Name	Code	Units Planned	Planning Est.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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:

BMP BMP
Number Name

Description of Issue

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: _____

	Species (circle one): Dairy Beef Sheep Goats Hogs Horses Other:			Species (circle one): Dairy Beef Sheep Goats Hogs Horses Other:		
	Age	Number	x Weight (lbs)	= Total (lbs)	Number	x Weight (lbs)
0-3 months						
4-6 months						
6-12 months						
12 months To mature						
Mature						
Other:						
Total						

	Species (circle one): Dairy Beef Sheep Goats Hogs Horses Other:			Species (circle one): Dairy Beef Sheep Goats Hogs Horses Other:		
	Age	Number	x Weight (lbs)	= Total (lbs)	Number	x Weight (lbs)
0-3 months						
4-6 months						
6-12 months						
12 months to mature						
Mature						
Other:						
Total						

Total All			$\div 1,000$	=	Total Animal Units
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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