

Watershed Agricultural Council/Watershed Agricultural Program Whole Farm Plan Annual Status Review (ASR) -- 2021

Date: _____ Farm Number: _____

Landowner: _____

Producer: _____

Address: _____

Reviewer: _____

Planner: _____

NM Planner: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Type of Status Review: Comprehensive

WFP revision needed:

Yes No

Repair Form needed:

Yes No

IRC Form needed:

Yes No

Farm Status Change Form required:

Yes No

Immediate action required, see question number(s):

1. Conservation Footprint Map: Validated: Yes No Changes Needed: Yes No

2. Have there been any changes in the farm's land resources (owned or rented) in the past year? Yes No

Follow 'Map Editing Notation' for changes. Include Landowner and Tax ID for additions in the 'Edit Notes' section of the Footprint Map. Please verify Farmstead (FS) boundary.

3. Has the future mission (goals) and the operation of the farm business changed for the next 1 - 5 years? Yes No
(Expansion, Farm Transition, Diversification, *See Business Plan)

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.

8. Do you collect manure? Yes No
a. If Yes (circle) Piled / Spread / Export / Import

9. Are you interested in a Conservation Easement? (Currently has Easement? **No**) Yes No
a. Are there any supplemental lands that may want an Easement Yes No

List Property: _____

10. What is your opinion of the Ag Program? Very Satisfied Satisfied Dissatisfied

Additional Comments: _____

11. 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 lifespans.

Signature: _____ Print Name: _____
Landowner/Producer Landowner/Producer

Signature: _____ Print Name: _____
Reviewer Reviewer



BMP Operations and Maintenance Report -- 2021

Farm Number: _____

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