

Maryland Department of Agriculture
MARYLAND AGRICULTURAL WATER QUALITY COST-SHARE PROGRAM
ON-FARM STATUS REVIEW OF BMP MAINTENANCE AND USE

<input type="checkbox"/> Check if Current or Make Corrections to Cooperator's Name, Address and Phone #	<input type="checkbox"/> Annual Spot Check <input type="checkbox"/> Q.A.R. <input type="checkbox"/> Assessment Team <input type="checkbox"/> Recheck <input type="checkbox"/> Other	Farm # and Tract	Agreement Number
District:		Name of the person contacted on the farm	

Year BMP Installed	MACS Practice Type and NRCS Number	Extent Installed	Extent Today

1. Are all operation and maintenance guidelines being followed? Yes No
2. Are NRCS standards & specs in place at time of construction still being met? Yes No
3. Is the purpose of the project being achieved? Yes No
4. Is the project being utilized for the purpose intended? Yes No
5. If required, does the Cooperator have a current nutrient management plan? * Yes No
6. If required, does the Cooperator have a current waste management system plan? * Yes No
7. Has there been a change in agricultural operation since the project was installed? Yes No
8. Has there been any change in ownership? Yes No
9. Were any alterations made to the project? Yes No
10. Is there any maintenance and or repair work needed?
 If "Yes," complete questions 11 and 12 below. Yes No
11. Has the SCD discussed the need for any corrective actions with the Cooperator? Yes No
 If "Yes," record the interaction briefly. If "No," report the attempts that have been made to contact the Cooperator and why they have been unsuccessful. **Use reverse side if necessary.**
12. The Cooperator has agreed to repair the project deficiencies by (specify date _____ / _____ / _____)

* for 313, 318, 359 and 635 only

If you responded "No" to any of the questions 1 - 6 or "Yes" to any of questions 7 - 10, elaborate below. Please mention any particularly positive aspect of the project, such as excellent maintenance. If reviewing a roofed WSS, note percent of the structure used for animal waste storage and list the contents of the structure today. **Use Reverse side if necessary.**

SCD Description / Remarks:

 SCD Reviewer: Name, Position, and Signature

 Date of On-Farm Review

For MACS use: Project condition Satisfactory Unsatisfactory

Initial & Date _____