

**COMMONWEALTH OF PENNSYLVANIA
NUTRIENT MANAGEMENT PROGRAM**

ON-SITE STATUS REVIEW REPORT

Date: _____
 Operation Name: _____
 Person (s) Interviewed (Operator): _____
 Report Completed By (Inspector): _____
 Others Present: _____
 Date of Plan Approval: _____
 Operation Type (CAO, VAO or CAFO): _____
 Date of next 3 year Plan review: _____

**Program Compliance
(* = Potential Act 38 Violations)**

1. Nutrient Management Plan Implementation

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a. Is the operation current with its required plan review deadline?	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
b. Are actual animal numbers consistent with the plan?	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
c. Acreage receiving manure application _____			
d. Does plan information and mapping represent operation?	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
e. Are all sources of nutrient pollution addressed in the plan?	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
f. Is plan implementation on schedule?	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
g. Are installed BMPs being maintained?	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
h. Are manure application rates being followed?	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
If no, explain: _____			
i. Is a certified manure hauler or broker being utilized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hauler/Broker name and certification number: _____			
j. Is a "current" Conservation Plan or Ag E & S Plan in effect?	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
k. Are all Critical Runoff Problem Areas (CRPAs) addressed?	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
l. Is excess manure handled according to the plan?	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
m. Is the manure spreader calibrated to apply planned rates?	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
n. Is <u>emergency</u> stacking required in the plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is the site identified on plan maps?	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
o. Are required <u>in-field</u> stacking procedures implemented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, are site(s) identified on plan maps?	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
If yes, are site(s) appropriate?	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
Is manure applied within 120 days (CAFOs 15 days) or covered?	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
p. Are fall/winter manure applications according to plan?	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
q. Are the required setbacks being observed?	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
r. Are pastured animals being managed as outlined in the plan?	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>

2. Record Keeping; Are the following records maintained at the operation?

a. Crop yields:	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
b. Manure/fertilizer application rates (includes comm. hauler):	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
c. Soil test results current:	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
d. Manure analysis results:	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
e. Manure export sheets:	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
f. Nutrient balance sheets:	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
g. Rerun of the P-Index every 3 years:	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>

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3. Manure Storage Information (where applicable)

Note: Although they may not be Act 38 violations, “No” answers in this section require remedial action.

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a. Storage type and size: _____			
b. Is perimeter fence and warning signage in place/maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is the structure free of significant cracks or structural damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are embankments free of manure saturated areas (seepage)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are interior/exterior slopes free of holes, trees or erosion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Has storage been certified by a Professional Engineer?	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
g. Is Emergency Response Plan available on the operation?	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>

4. Animal Concentration Areas (ACAs)

a. Are there ACAs on the operation (farmstead or pasture)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is surface water adequately protected from runoff?	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
c. Is erosion properly controlled at stream access point?	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
d. Is manure collected and handled appropriately?	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
e. Is animal access to stream properly controlled?	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
f. Are pastures free of ACAs where runoff is reaching a stream?	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>

Inspector Notes:

	<u>Yes</u>	<u>No</u>
Are there violations of Act 38 regulations?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, specific violations (indicate section number and letter above):		

Are corrective actions needed?

If yes, set approximate re-inspection date: _____

Further action required (indicate section number and letter above):

Additional Comments:

Signature of Inspector: _____

Signature of Operator: _____

(Operator signature does not signify guilt or agreement)