

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

## INITIAL INSPECTION REPORT FOR AGRICULTURAL OPERATIONS

| Operation Name  | Farm ID                      | Inspection Date | Entry Time                | Agency           |  |  |
|---|------------------------------|-----------------|---------------------------|------------------|--|--|
|   |                              |                 |                           | ☐ DEP            |  |  |
|   |                              |                 |                           | CCD              |  |  |
| Municipality:   | Latitude:                    |                 | Total Acres of Operation: |                  |  |  |
| County:   | Longitude:                   |                 | ☐ Home Farm               | ☐ Rented Fields  |  |  |
| Mailing Address:  | City, State and Z            | ip:             | ☐ Satellite Farm          |                  |  |  |
|   |                              |                 | ☐ Crops Only              |                  |  |  |
|   |                              |                 | ☐ Animals Housed          | d On-Site        |  |  |
| Location Address:   | City, State and Z            | ip:             | Туре                      | No.              |  |  |
|   |                              |                 |                           |                  |  |  |
|   |                              |                 |                           |                  |  |  |
| Inspection Scheduled Not Scheduled  | Interviewee: N               | lame:           |                           |                  |  |  |
| ☐ Owner or Operator Not Available   | ☐ Owner _                    |                 |                           |                  |  |  |
| Date inspection report provided:  | ☐ Operator _                 |                 | AEU est.:                 | Calc. Attached   |  |  |
| ☐ No Inspection Due to Biosecurity  | ☐ Other _                    |                 | AEU est                   | ☐ Calc. Attached |  |  |
| Comments:   |                              |                 |                           |                  |  |  |
|   |                              |                 |                           |                  |  |  |
|   |                              |                 |                           |                  |  |  |
|   |                              |                 |                           |                  |  |  |
| Manure Management Plan  |                              |                 |                           |                  |  |  |
| Does the Operation Have a Written MMP?  |                              |                 |                           |                  |  |  |
| MMP Developed By: ☐ Certified Planner ☐ Owner or Operator (☐ with assistance) ☐ Agency        |                              |                 |                           |                  |  |  |
| Planner Name: Plan Date:  |                              |                 |                           |                  |  |  |
| Inspected Acres Available for Manure: Inspected Cropland A                                    |                              |                 |                           |                  |  |  |
| Total Acreage covered by MMP: Total Includes:   Home Farm   Satellite Farm(s)   Rented Fields |                              |                 |                           |                  |  |  |
| ☐ Manure is Exported ☐ Manure is Imported (☐ NBS Available) ☐ Sewage Sludge is Imported       |                              |                 |                           |                  |  |  |
| Liquid Manure Storage Facilities:   |                              |                 |                           |                  |  |  |
| Type:   | Capacity:                    |                 | gal Yea                   |                  |  |  |
| Type:   | Capacity:                    |                 | gal Yea                   |                  |  |  |
| Type:   | Capacity:                    | 0.41 5 10       | gal Yea                   |                  |  |  |
| Manure Stacking: Yes No   | Outdoor Feed Storage: Yes No |                 |                           |                  |  |  |
| Process Wastewater:   |                              |                 |                           |                  |  |  |
| Does the Owner or Operator Indicate the MMP Is Being Implemented?                             |                              |                 |                           |                  |  |  |
| Comments:   |                              |                 |                           |                  |  |  |
| Comments.   |                              |                 |                           |                  |  |  |
|   |                              |                 |                           |                  |  |  |
|   |                              |                 |                           |                  |  |  |
|   |                              |                 |                           |                  |  |  |
|   |                              |                 |                           |                  |  |  |



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| Operation Name:  | eration Name: Inspection Date:  |  |   |  |  |  |
|--|---|--|---|--|--|--|
|  | _   |  |   |  |  |  |
| Agricultural E&S Plan  | ricultural E&S Plan Plowing/Tilling Activities or AHUA(s) of at Least 5,000 SF On-Site?                   |  |   |  |  |  |
| Does the Operation Have a Wr   | itten Ag E&S Plan?  | □ No □ N/A                                       | Admin. Complete?  | es 🗌 No  |  |  |
| E&S Plan Developed By:   | ☐ Consultant ☐ Owner  | or Operator ( $\square$ with                     | assistance)   Agency  |  |  |  |
|  | Planner Name:   |  | Plan Date:  |  |  |  |
| Inspected Acres Covered By E   | &S Plan:  |  |   |  |  |  |
| Total Acreage Covered by E&S Plan:  Total Includes: ☐ Home Farm ☐ Satellite Farm(s) ☐ Rented Fields  |   |  |   |  |  |  |
| Does the Owner or Operator In  | dicate the Ag E&S Plan Is Be  | eing Implemented?                                | Yes No  |  |  |  |
| Comments:  |   |  |   |  |  |  |
|  |   |  |   |  |  |  |
| Water Quality  | ☐ Pollution Incident ☐  | Other Water Quality                              | Concerns  | ned  |  |  |
| Comments:  |   |  |   |  |  |  |
|  |   |  |   |  |  |  |
|  |   |  |   |  |  |  |
|  |   |  |   |  |  |  |
|  |   |  |   |  |  |  |
| Violations   | ☐ 25 Pa. Code § 91.36(b)  | 25 Pa. Code §                                    | 102.4(a)  |  |  |  |
| Requested Corrective Action(s  | ):  |  |   |  |  |  |
| Develop and submit MMP to inspector. Requested submission date: days from the date of this report  |   |  |   |  |  |  |
| Develop and submit Ag E&S Plan to inspector. Requested submission date: days from the date of this report  |   |  |   |  |  |  |
| □ Other:   |   |  |   |  |  |  |
|  |   |  |   |  |  |  |
| Additional Comments:   |   |  |   |  |  |  |
| Additional Comments.   |   |  |   |  |  |  |
|  |   |  |   |  |  |  |
|  |   |  |   |  |  |  |
|  |   |  |   |  |  |  |
|  |   |  |   |  |  |  |
| ☐ The Owner or Operator has completed an NRCS Authorization form for release of NRCS-developed plan(s)   |   |  |   |  |  |  |
| Person Interviewed:  | Cell Phone:   | Inspector Name:                                  |   | Cell Phone:  |  |  |
| Signature:   | Other Phone:  | Signature:                                       |   | Other Phone:   |  |  |
| Organization:  |   | Organization:                                    | Organization:   |  |  |  |
| Title:   |   | Title:   |   |  |  |  |
| Email:   |   | Date Report Prov                                 | Date Report Provided to Operation:                          |  |  |  |
| This document is official notification inspected the above referenced op-<br>during the inspection are indicated. operation. The information on and acknowledges receipt of inspection | eration. The findings of this inspet. Violations may also be discove attached to this report, if applical | ection are shown above<br>red upon review of DEF | and on any attached pages. An or CCD records or upon a more | y violations that were noted<br>thorough inspection of the |  |  |