



**FRANKLIN COUNTY CONSERVATION DISTRICT**  
185 FRANKLIN FARM LANE, CHAMBERSBURG, PA 17202  
PHONE: 717-264-5499

**Best Management Practice (BMP) Verification Program**  
[Operation Summary]

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**Contact Information**

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street Address) (City) (State Abbr.) (Zip)

Role (select all that apply): ☐ Landowner ☐ Operator ☐ Renter ☐ Manager ☐ Broker

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**Secondary Contact Information (if applicable)**

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street Address) (City) (State Abbr.) (Zip)

Role (select all that apply): ☐ Landowner ☐ Co-operator ☐ Renter ☐ Manager ☐ Broker

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**Operation Details**

Operation Type(s) (select all that apply): ☐ Dairy ☐ Beef ☐ Poultry ☐ Swine ☐ Crops

Animal/Crop Subtypes: \_\_\_\_\_  
(i.e. Heifers, Angus, Chickens, Ducks, Vegetables, Silage, etc.)

Operation (Site) Address: \_\_\_\_\_  
(Street Address) (City) (State Abbr.) (Zip)

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**Existing BMPs**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Manure Management Plan (MMP)                         | <input type="checkbox"/> Nutrient Management Plan (NMP)           | <input type="checkbox"/> Ag E&S Plan                |
| <input type="checkbox"/> Conservation Plan – Other<br>(Please specify: _____) | <input type="checkbox"/> Waste Storage Facility<br>(Types: _____) | <input type="checkbox"/> Mortality Composting       |
| <input type="checkbox"/> Heavy Use Area Protection                            | <input type="checkbox"/> Prescribed Rotational Grazing            | <input type="checkbox"/> Cover Crops (Types: _____) |
| <input type="checkbox"/> Dairy Precision Feeding                              | <input type="checkbox"/> Stream Exclusion Fencing/Crossing        | <input type="checkbox"/> Watering Facility          |
| <input type="checkbox"/> Trails and Walkways                                  | <input type="checkbox"/> Contour/Terrace Cropping                 | <input type="checkbox"/> Tillage Practices          |
| <input type="checkbox"/> Streamside Forested/Grass Buffer                     | <input type="checkbox"/> Grassed Waterway/Diversion               | <input type="checkbox"/> Other Vegetated Area       |
| <input type="checkbox"/> Other practices not listed (please specify): _____   |   |   |



United States Department of Agriculture

## Authorization for Release of Records

To: United States Department of Agriculture (USDA), Natural Resources Conservation Service (NRCS)

From (Individual and/or Farm Name): \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Farm Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Municipality of Farm: \_\_\_\_\_

I hereby authorize the release of my individual records that are in the custody of the USDA, NRCS.

I authorize release of records to the following named individual(s) or representative(s) of the following organization(s):

List name(s) or organization(s):

\_\_\_\_\_  
\_\_\_\_\_

I authorize release of the following documents from my files, as noted below:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Beginning date \_\_\_\_\_ for release of record. Ending date \_\_\_\_\_ for release of record.

I understand and acknowledge that NRCS cannot be responsible for ensuring the confidentiality of released records.

Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

NRCS Reviewed Signed and Dated

Revised: 7-2020

Authorization for Release of Records

To (Check all that apply):

- ☐ Private Consultant ( \_\_\_\_\_ )  
☐ PA Department of Environmental Protection (if applicable)

From (Individual and/or Farm Name): \_\_\_\_\_

Mailing Address:

Farm Address (if different than mailing):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Municipality of Farm: \_\_\_\_\_

I hereby authorize the release of my individual agricultural and conservation management records that are in the custody of the entity indicated above.

I authorize the release of records to the following named individual(s) or representative(s) of the following organization(s):

- **Franklin County Conservation District** – Information is being collected to compile in the Practice Keeper database toward Franklin Co. Clean Water goal progress

I authorize the release of the following documents from my files, as noted below:

- ☐ Any type of existing conservation plan  
☐ Any existing BMP information  
☐ Any existing spatial information about BMPs

Beginning upon the date of execution of this release of record and ending at a date two (2) year from the date of execution. I understand and acknowledge that entity indicated above cannot be responsible for ensuring the confidentiality of released records.

Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Releasing Organization Reviewed: Signature \_\_\_\_\_ Date \_\_\_\_\_

Accepting Organization Reviewed: Signature \_\_\_\_\_ Date \_\_\_\_\_



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**Best Management Practice (BMP) Verification Program**  
[Verification Form: Grassed Waterway]

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**This form covers verification/reverification of:**

- Grassed Waterway

Please use one form **PER instance of a duplicate BMP type.**

→ Examples)

- ✓ 1 instance of Grassed Waterway
- ✗ 2 instances of Grassed Waterway

**INSTEAD**, you may record:

- ✓ 1 instance of Grassed Waterway
- ✓ And record the **2<sup>nd</sup> instance** of Grassed Waterway on another form

If still unsure, just use one for per BMP and take good notes that are sure to cover all BMPs verified (location, units, etc.). More information is always better than not enough!

**\*\*Be sure to get maps printed for Pages 2a-2b before visit. See Coordinator or other Ag Staff if you need assistance with site maps.\*\***

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[Verification Form: Grassed Waterway]

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PK BMP Instance ID: \_\_\_\_\_

Practice: Grassed Waterway

Practice Subtype: None

Complimentary Practices:

Location Notes:

**Significant Dates**

Required

Implemented On: \_\_\_\_\_  
(mm/dd/yyyy)

If Applicable/Available

Planned On: \_\_\_\_\_  
(mm/dd/yyyy)

Inventory Evaluation On: \_\_\_\_\_  
(mm/dd/yyyy)

Surveyed On: \_\_\_\_\_  
(mm/dd/yyyy)

Design Approved On: \_\_\_\_\_  
(mm/dd/yyyy)

Implemented Cost: \_\_\_\_\_  
(If willing to share)

Additional Notes:

PAGE 2a: MAP PRINT OF PROPERTY  
PAGE 2b: MAP PRINT OF BMP LOCATIONS



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**Plans**

Related Plan (plan types)

- ☐ Manure Management Plan (MMP) ☐ Nutrient Management Plan (NMP)  
☐ Ag E&S Plan ☐ Conservation Plan – Other  
(Please specify: \_\_\_\_\_)

Plan # (if available): \_\_\_\_\_

Acres: \_\_\_\_\_

Plan Writer: ☐ FCCD ☐ NRCS ☐ Private Plan Writer/Consultant: \_\_\_\_\_

Release needed: ☐ yes ☐ no

Type of release signed: \_\_\_\_\_

**Non-Primary Participants**

Non-Primary Participant Type (in addition to participants on summary sheet)

- ☐ Design Approver ☐ Design Reviewer ☐ Designer ☐ Implementer  
☐ Planner ☐ Reporter ☐ Responsible Party

Primary? ☐ yes ☒ no

**Other Additional Participants**

Planner: \_\_\_\_\_

Designer: \_\_\_\_\_

Implementer: \_\_\_\_\_

Design Reviewer: \_\_\_\_\_

Plan Reviewer: \_\_\_\_\_

District Employee: \_\_\_\_\_

Archived: ☐ yes ☐ no

Participant Phone (and ext. if applicable): \_\_\_\_\_

Additional Participant Mailing Address: ☐ Same as summary sheet (if not fill out below)

\_\_\_\_\_  
(Street Address) (City) (State Abbr.) (Zip)

Additional Participant Physical Address (if participant is located somewhere other than mailing address):

\_\_\_\_\_  
(Street Address) (City) (State Abbr.) (Zip)

**Measures**

Calculated Amount: \_\_\_\_\_ acres of Grassed Waterway

Implemented Amount: \_\_\_\_\_ acres of Grassed Waterway



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**Re-Verification** (Enter info in PK Inspection tab)

Planned site-visit: \_\_\_\_\_  
(mm/dd/yyyy)

Verifier name: \_\_\_\_\_

Site-visit performed on: \_\_\_\_\_  
(mm/dd/yyyy)

Practice meets visual indicators: ☐ Grassed Waterway

Implemented Amount (complete applicable) \_\_\_\_\_ acres of Grassed Waterway

Verified Amount (complete applicable) \_\_\_\_\_ acres of Grassed Waterway

Notes

**Parameters for Renewed Credit?**

Grassed Waterway - Proper O&M? ☐ yes ☐ no

**\*\* If recording more than 1 BMP on this form, please use the space below to note any of the BMPs described on this form that are NOT eligible for renewed credit.\*\***

\_\_\_\_\_ - Proper O&M? ☐ yes ☐ no

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**Existing Resource Concerns**

I am observing/experiencing the following types of resource issues on my land:

- ☐ Land loss due to stream bank erosion
- ☐ Gullies in the field
- ☐ Trouble keeping animals out of wet areas to help prevent disease
- ☐ Little/No Manure storage
- ☐ Runoff from barnyards
- ☐ Manure management planning
- ☐ Ag erosion & sedimentation planning
- ☐ Other \_\_\_\_\_
- ☐ Other \_\_\_\_\_
- ☐ Other \_\_\_\_\_

**Future BMP Opportunities**

I am interested in learning about the following types of BMPs:

- ☐ Conservation Plan (Manure Management, Nutrient Management, Ag E&S, etc.)
- ☐ Animal Mortality Composting
- ☐ Animal Trails and Walkways
- ☐ Contour Buffer Strips
- ☐ Contour Farming
- ☐ Diversion
- ☐ Fence (with or without buffer)
- ☐ Field Border
- ☐ Filter Strip
- ☐ Grassed Waterway
- ☐ Heavy Use Area Protection
- ☐ Hedgerow Planting
- ☐ Lined Waterway/Outlet
- ☐ Prescribed/Rotational Grazing
- ☐ Riparian Forest Buffer
- ☐ Riparian Herbaceous/Grass Buffer
- ☐ Stream Crossing
- ☐ Streambank Stabilization
- ☐ Waste Storage Facility
- ☐ Watering Facility
- ☐ Other practices not listed (please specify): \_\_\_\_\_

**I am interested in technical assistance regarding the BMPs above.**      ☐ yes   ☐ no

**I am interested in funding opportunities for the BMPs above.**      ☐ yes   ☐ no

The best way to contact me about these opportunities is via:

- ☐ Home Phone \_\_\_\_\_
- ☐ Cell Phone \_\_\_\_\_
- ☐ Email \_\_\_\_\_

I would also like for you to know: