



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

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

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

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

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)

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
(Please specify: _____) | <input type="checkbox"/> Waste Storage Facility
(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 _____



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

Best Management Practice (BMP) Verification Program
[Verification Form: Heavy Use Area Protection]

This form covers verification/reverification of:

- Heavy Use Area Protection
- Roofs/Covers (on structure)
- Roof Runoff Structures (on structure)

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

→ Examples)

- ✓ 1 instance of heavy use area protection + 1 roof/cover + 1 roof runoff structure
- ✓ 1 instance of heavy use area protection + 1 roof cover
- ✗ 2 instances of heavy use area protection + 1 dry storage + 1 roof/cover + 1 roof runoff structure

INSTEAD, you may record:

- ✓ 1 instance of heavy use area protection + 1 roof/cover + 1 roof runoff structure on one form
- ✓ And record the **2nd instance** of heavy use area protection 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!

*HUAs do NOT include:

- ✗ Free-stall barns
- ✗ Structure with floor to ceiling walls

But they DO include:

- ✓ Open concrete barnyards with runoff controls

****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.****

DRAFT



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

Best Management Practice (BMP) Verification Program
[Verification Form: Heavy Use Area Protection]

PK BMP Instance ID: _____

Practice: Heavy Use Area Protection

Practice Subtype: None

Complimentary Practices: ☐ Roofs/Covers (PK BMP Instance ID: _____)
☐ Roof Runoff Structures (PK BMP Instance ID: _____)

** Is this Roof Runoff Structure a **RI-16 Barnyard Runoff Diversion?** ☐ yes ☐ no

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



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

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:

_____ sq. ft. of Heavy Use Area Protection
_____ sq. ft. (for Roofs/Covers) _____ linear ft. (for Roof Runoff Structures)

Implemented Amount:

_____ sq. ft. of Heavy Use Area Protection
_____ sq. ft. (for Roofs/Covers) _____ linear ft. (for Roof Runoff Structures)



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

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:

☐ Heavy Use Area Protection

☐ Roof/Cover

☐ Roof Runoff Structure

Implemented Amount (complete applicable)

_____ sq. ft. of Heavy Use Area Protection

_____ sq. ft. (for Roofs/Covers) _____ linear ft. (for Roof Runoff Structures)

Verified Amount (complete applicable)

_____ sq. ft. of Heavy Use Area Protection

_____ sq. ft. (for Roofs/Covers) _____ linear ft. (for Roof Runoff Structures)

Notes

DRAFT

Parameters for Renewed Credit?

Heavy Use Area Protection - 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.****

Roofs/Covers - Proper O&M?

☐ yes ☐ no

Roof Runoff Structures - Proper O&M?

☐ yes ☐ no



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

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: