

# Maryland Agricultural Water Quality Cost-Share (MACS) Program

## ON-FARM STATUS REVIEW OF BMP MAINTENANCE AND USE

<input type="checkbox"/> Check if <b>Current</b> 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?  
 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.**  Yes  No
12. The Cooperator has agreed to repair the project deficiencies by (specify date): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\* for 313, 318, 359, 425 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 \_\_\_\_\_

MDA-5-04 (revised 05/2005)