**Attachment 9**

**COMMONWEALTH OF PENNSYLVANIA**

**MANURE MANAGEMENT PROGRAM**

**ON-SITE STATUS REVIEW REPORT**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Operation Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person (s) Interviewed (Operator):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Report Completed By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Others Present:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Plan Development:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Most Recent Plan Update:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Program Compliance**

 **(\* = Potential Violations of §91.36)**

**1. Manure Management Plan (MMP) Verification Yes No N/A**

**a. Is the MMP administratively complete? □ □\* □**

**2. Manure Management Plan Implementation Yes No N/A**

**a. Are actual animal numbers consistent with the plan? □ □\* □**

**b. Acreage receiving manure application \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**c. Does plan information and mapping represent operation? □ □\* □**

**d. Are all sources of nutrients used addressed in the plan? □ □\* □**

**e. Are all Environmentally Sensitive Areas addressed in the plan? □ □\* □**

**f. Is plan implementation on schedule?** **□ □\* □**

**g. Are installed BMPs being maintained? □ □\* □**

**h. Are manure application rates being followed? □ □\* □**

 **If no, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**i. Is a “current” Conservation Plan or Ag E & S Plan in effect? □ □\* □**

**j. Is exported manure handled according to the plan? □ □\* □**

**k. Is the manure spreader calibrated to apply planned rates? □ □\* □**

**l. Are required in-field stacking procedures implemented? □ □ □**

 **If yes, are site(s) identified on plan maps? □ □\* □**

**If yes, are site(s) appropriate? □ □\* □**

**m. Are fall/winter manure applications according to plan? □ □\* □**

**n. Are the required setbacks being observed? □ □\* □**

**o. Are pastured animals being managed as outlined in the plan? □ □\* □**

**3. Record Keeping;**

**Are the following records maintained at the operation? Yes No N/A**

**a. Crop yields: □ □\* □**

**b. Manure/fertilizer application rates: □ □\* □**

**c. Soil test results current: □ □\* □**

**d. Manure test results current: □ □ □**

**e. Manure transfer records: □ □\* □**

**f. Nutrient balance sheets: □ □\* □**

**g. Rerun of the P-Index every 3 years: □ □\* □**

**h. Manure storage facility record monthly inspection: □ □\* □**

**4. Manure Storage Information (where applicable) Yes No N/A**

**Note: Although they may not be §91.36 violations, “No” answers in this section require remedial action.**

**a. Storage type and size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**b. Is perimeter fence and warning signage in place/maintained? □ □ □**

**c. Is the structure free of significant cracks or structural damage? □ □ □**

**d. Are embankments free of manure saturated areas (seepage)? □ □ □**

**e. Are interior/exterior slopes free of holes, trees or erosion? □ □ □**

**f. Has storage been certified by a Professional Engineer? □ □\* □**

**5. Animal Concentration Areas (ACAs) Yes No N/A**

**a. Are there ACAs on the operation (farmstead or pasture)? □ □ □**

**b. Is surface water adequately protected from runoff? □ □\* □**

**c. Is erosion properly controlled at stream access point? □ □\* □**

**d. Is manure collected and handled appropriately? □ □\* □**

**e. Is animal access to stream properly controlled? □ □\* □**

**f. Are pastures free of ACAs where runoff is reaching a stream? □ □\* □**

**Inspector Notes: Yes No**

**Are there violations of §91.36 regulations? □ □**

**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)**