**Date:**

**COMMONWEALTH OF PENNSYLVANIA**

**NUTRIENT MANAGEMENT PROGRAM**

**NUTRIENT MANAGEMENT INSPECTION REPORT**

**Operator Name:**

**Location:**

**Municipality:**

**Watercourse or body of water:**

**Responsible Person:**

 **(Town) (State) (Zip)**

 **(Home Phone) (Work Phone or Cell Phone)**

**INSPECTION FINDINGS:**

**DESCRIBE VIOLATIONS IF ANY, INCLUDING ALL PERTINENT DIMENSIONS AND THE ACTUAL OR PLANNED IMPACTS TO WATERCOURSES OR BODIES OF WATER. CONFIRM COMPLIANCE WITH NUTRIENT MANAGEMENT ACT, THE REGULATIONS, AND APPROVED NMP FOR OPERATION.**

**Sketch attached Yes No Photos taken: Yes No**

**RECOMMENDATIONS:**

**RESPONSIBLE PERSON SIGNATURE: DATE:**

**INSPECTOR SIGNATURE: DATE: \_\_\_\_\_\_**