



UPPER SUSQUEHANNA COALITION - CHESAPEAKE BAY PROGRAM
AGRICULTURAL ENVIRONMENTAL MANAGEMENT AG BMP DATA ENTRY SHEET

Farm Name _____
 Evaluator _____

AEM ID -
 Date //

Farmstead BMPs

Animal Waste Management Systems	# Animals _____	<input type="checkbox"/> CAFO	Cost Shared? (✓ if yes)	NRCS Standard? (✓ if yes)
<input type="checkbox"/> Manure Storage	Date _____		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Covered	Date _____		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Manure Transfer	Date _____		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Silage Leachate	Date _____		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Milkhouse Waste	Date _____		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mortality Composting	Date _____		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Manure Processing Tech	Date _____		<input type="checkbox"/>	<input type="checkbox"/>
Liquid Manure Injection	Acres _____	Date _____	<input type="checkbox"/>	<input type="checkbox"/>
Liquid Manure Incorporation	Acres _____	Date _____	<input type="checkbox"/>	<input type="checkbox"/>
Barnyard Runoff Control	# Animals _____	Date _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Loafing Lot Management				

Precision Feeding (Dairy) BMPs

NYS Precision Feed Management (For the lactating part of the herd)	Meet N? # Animals _____	Meet P? # Animals _____	Date _____	<input type="checkbox"/>	<input type="checkbox"/>
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Cropland BMPs

CNMP	Acres _____	Date _____	<input type="checkbox"/>	<input type="checkbox"/>
Nutrient Management Plan	Acres _____	Date _____	<input type="checkbox"/>	<input type="checkbox"/>
Soil Conservation Plan	Acres _____	Date _____	<input type="checkbox"/>	<input type="checkbox"/>
Conservation Till	Acres _____	Date _____	<input type="checkbox"/>	<input type="checkbox"/>
Continuous No-Till	Acres _____	Date _____	<input type="checkbox"/>	<input type="checkbox"/>
Cover Crops	Planting Date -----	SEPT	OCT	
With Fall or Winter Manure	<input type="checkbox"/> Wheat <input type="checkbox"/> Rye Acres _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With Spring Manure or Fertilizer	<input type="checkbox"/> Wheat <input type="checkbox"/> Rye Acres _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Manure	<input type="checkbox"/> Wheat <input type="checkbox"/> Rye Acres _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pasture and Buffer BMPs

Prescribed Grazing	Acres _____	Date _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stream Present in Pasture				
<input type="checkbox"/> Stream Fenced (No Cow Access)	Stream Fence Length _____	Date _____		
Pasture Buffers				
Grass Buffer	Length _____	Width _____	Date _____	<input type="checkbox"/>
Forest Buffer	Length _____	Width _____	Date _____	<input type="checkbox"/>
Cropland Buffers				
Grass Buffer	Length _____	Width _____	Date _____	<input type="checkbox"/>
Forest Buffer	Length _____	Width _____	Date _____	<input type="checkbox"/>
Horse Pasture Management	Acres _____	Date _____	<input type="checkbox"/>	<input type="checkbox"/>

Other BMPs

Ag Land Retirement	Acres _____	Date _____
Non CBP BMPs	Amount/Units _____	Date _____

Notes _____

