

Certification

I understand my obligations under the Agriculture Water Quality Act to implement the applicable requirements of the statewide water quality plan and I have developed a water quality plan for my individual operations based on its guidance. I am aware of the need to review my plan periodically to record those practices or measures that I have completed and to modify my plan as major changes are made in my operation. If my management practices are questioned by regulatory agencies or through civil actions, these updated records will serve as documentation of my efforts to improve and protect the natural resources.

This plan will entitle me to:

- The Corrective Measures process. A process to correct any identified water quality problems that may be the result of activities conducted on my operation.
- Availability of technical assistance through the conservation districts to develop or modify as needed my water quality plan, practices and/or measures or to recommend changes to the statewide water quality plan.
- Financial Assistance needed for implementation of my plan as resources become available.
- Possible extensions of time for compliance with a water quality plan based on the availability of technical and financial assistance.

I would like to be kept informed, through the conservation districts mailing list, of new information as it becomes available regarding: resource needs, water quality, environmental conditions, new or more effective best management practices, new and beneficial technologies, and new or expanded sources of technical and financial assistance such as cost share or incentive programs.

Physical Property Information

Date

City, State Zip

County

No. of Acres

FSA#

Land Owner Information

Name

Signature _____

City, State Zip

Land User (tenant, manager, etc.) Information, If Different from Land Owner

Name

Signature _____

City, State Zip

INSTRUCTION: Please mail or deliver to your local county conservation district office or contact them if you need technical assistance or additional information to complete your plan.