



AGRICULTURAL ENVIRONMENTAL MANAGEMENT

Tier 1

Erie County SWCD

Date: ____ / ____ / ____

Office Use Only	AEM Identification Number:
Evaluator Name: Allen Young	Evaluating Agency: Erie County SWCD
Watershed Identification:	
Farm Name:	
Owner's Name:	Operator's Name:
Address:	Address:
Phone:	Phone:
Fax:	Fax:
Email:	Email:

1) Future Status of the Farm

A) Do you anticipate any major modifications on your farm within the next 5 years? Yes No

If yes, please check the condition(s) that best describes the modification(s):

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Business Structure | <input type="checkbox"/> Expansion | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Operation Type | <input type="checkbox"/> Diversification of Farm Business | <input type="checkbox"/> Sale of Farm |

B) Do you plan to subdivide any portion of your farm in the next 5 years? Yes No

2) Basic Farm Information

A) What **Primary** Farm Enterprise best describes your operation?

- | | | | |
|---|--------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Beef | <input type="checkbox"/> Horses | <input type="checkbox"/> Fruit/Vegetables |
| <input type="checkbox"/> Poultry | <input type="checkbox"/> Swine | <input type="checkbox"/> Vineyard | <input type="checkbox"/> Greenhouse |
| <input type="checkbox"/> Cash Crop: (Please Define) _____ | <input type="checkbox"/> Sheep/Goats | | |
| <input type="checkbox"/> Other: (Please Define) _____ | | | |

B) Please indicate the following number of acres:

	Owned	Rented
Cropland Acres	_____	_____
Grazed Land Acres	_____	_____
Permanent Hay Land Acres	_____	_____
Woodland Acres	_____	_____
Total Acres	_____	_____

C) Renting land **To:** _____ Acres: _____

Renting Land **From:** _____ Acres: _____

D) Does your operation qualify for Ag Value Assessment? Yes No

3) **Animal Numbers for your Primary Farm Type**

Animal Type: _____ Avg. Animal Weight: _____ No. of Animals _____
 (ex: Milking Cow, Heifer, Calf)

Animal Type: _____ Avg. Animal Weight: _____ No. of Animals: _____

Animal Type: _____ Avg. Animal Weight: _____ No. of Animals: _____

Animal Type: _____ Avg. Animal Weight: _____ No. of Animals: _____

4) **Management Questions** (Please check Yes or No)

Yes No

	Yes	No
Do you spread manure?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a manure storage facility?	<input type="checkbox"/>	<input type="checkbox"/>
Do you generate process washwater from the cleaning of product or facilities? (i.e. milkcenter, egg wash, washing of produce)	<input type="checkbox"/>	<input type="checkbox"/>
Is there a barnyard or outdoor feedlot on your farm?	<input type="checkbox"/>	<input type="checkbox"/>
Do you store silage or other high moisture feeds on the farm?	<input type="checkbox"/>	<input type="checkbox"/>
Do you utilize pastureland on your farm?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use commercial fertilizer?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use pesticides (herbicides, insecticides, fungicides) on your farm?	<input type="checkbox"/>	<input type="checkbox"/>
Do you store and/or mix pesticides (herbicides, insecticides, fungicides) on your farm?	<input type="checkbox"/>	<input type="checkbox"/>
Does your operation utilize cropland for row crop production?	<input type="checkbox"/>	<input type="checkbox"/>
Is the water supply on your farm from a well or a spring?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a waterbody within or adjacent to your farm?	<input type="checkbox"/>	<input type="checkbox"/>
Do you presently or do you plan to harvest timber on your farm?	<input type="checkbox"/>	<input type="checkbox"/>
Do you store fuel or other bulk petroleum products on your farm?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received odor complaints or do you believe your farm has an odor concern?	<input type="checkbox"/>	<input type="checkbox"/>

5) Do you have a Comprehensive Nutrient Management Plan (CNMP) for your farm operation?
 (Please Circle One) **Yes No**

6) Has your Farm Operation participated in any State or Federal Programs or used State or Federal funding to implement any Best Management/Conservation practices on your farm? (Please Circle One) **Yes No**

If **Yes**, Please specify Program.

EQIP Environmental Quality Incentives Program

WRP Wetlands Reserve Program

CRP Conservation Reserve Program

WHIP Wildlife Habitat Incentive Program

GRP Grasslands Reserve Program

NYS Ag Nonpoint Source Abatement & Control Program

CREP Conservation Reserve Enhancement Program

Other: _____

NYS Agricultural Interest Assessment – check all that are of interest

- | | |
|---|--|
| <input type="checkbox"/> Agricultural Tax Relief | <input type="checkbox"/> Integrated Pest Management |
| <input type="checkbox"/> Agri-Tourism | <input type="checkbox"/> Irrigation Management |
| <input type="checkbox"/> Air Quality | <input type="checkbox"/> Manure Treatment Options |
| <input type="checkbox"/> Biofuels | <input type="checkbox"/> Neighbor-Farm Relations |
| <input type="checkbox"/> Biosecurity | <input type="checkbox"/> Nuisance Wildlife Control |
| <input type="checkbox"/> Conservation Easements | <input type="checkbox"/> Organic Farming |
| <input type="checkbox"/> Energy Conservation/Generation | <input type="checkbox"/> Pollution Credit Trading |
| <input type="checkbox"/> Environmental Management Systems | <input type="checkbox"/> Right To Farm |
| <input type="checkbox"/> Farmland Protection | <input type="checkbox"/> Stream Management |
| <input type="checkbox"/> Feed Management | <input type="checkbox"/> Water Conservation/Management |
| <input type="checkbox"/> Fisheries Habitat Management | <input type="checkbox"/> Wellhead Protection |
| <input type="checkbox"/> Forest Management/Timber Harvest | <input type="checkbox"/> Wetland Conservation |
| <input type="checkbox"/> Grasslands Farming | <input type="checkbox"/> Wildlife Habitat Improvement |

Would you like to receive a copy of the AEM Guide to Conservation Funding? Yes No
This document is also online at www.nys-soilandwater.org/aem/aemoutreach.html

(OPTIONAL)

Producer Questions & Comments:

Thank you for your time and assistance; your response is greatly appreciated. Please mail your completed survey to the following address. Please feel free to call Allen Young at 652-8480 ext. 5 with any questions.

Erie County Soil and Water Conservation District
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East Aurora, NY 14052-2185