



AGRICULTURAL ENVIRONMENTAL MANAGEMENT

Tier 1

AEM Identification Number: _____

County SWCD _____

Date: ____/____/____

Evaluator Name: _____

Evaluating Agency: _____

Watershed Identification: _____

Farm Name: _____

Owner's Name: _____

Operator's Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Email: _____

Email: _____

Preferred Contact Point? (please check only one)

- Owner Operator

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:

Cropland Acres _____

Grazed Land Acres _____

Permanent Hay Land Acres _____

Woodland Acres _____

Wildlife Land Acres _____

Farmstead Acres _____

Owned

Rented

Total Acres

C) Does your operation qualify for Ag Value Assessment?

- Yes** **No**

3) Animal Numbers for your Primary Farm Type

Average Weight: _____	Number: _____	Average Weight: _____	Number: _____
Average Weight: _____	Number: _____	Average Weight: _____	Number: _____
Average Weight: _____	Number: _____	Average Weight: _____	Number: _____

4) Management Questions (Please check Yes or 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? (for example, 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"/>

Other Agricultural Conservation Interests – check all that are of interest

<input type="checkbox"/> Adapting to Extreme Weather (storms, drought, heat)	<input type="checkbox"/> Integrated Pest Management
<input type="checkbox"/> Agricultural Tax Relief	<input type="checkbox"/> Irrigation Management
<input type="checkbox"/> Agri-Tourism	<input type="checkbox"/> Manure Treatment Options
<input type="checkbox"/> Air Quality	<input type="checkbox"/> Neighbor-Farm Relations
<input type="checkbox"/> Biofuels	<input type="checkbox"/> Nuisance Wildlife Control
<input type="checkbox"/> Biosecurity	<input type="checkbox"/> NYS Grown and Certified Program
<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"/> Farmland Protection	<input type="checkbox"/> Right-to-Farm
<input type="checkbox"/> Feed Management	<input type="checkbox"/> Stream Management/Buffers
<input type="checkbox"/> Fisheries Habitat Management	<input type="checkbox"/> Water Conservation/Management
<input type="checkbox"/> Forest Management/Timber Harvest	<input type="checkbox"/> Wellhead Protection
<input type="checkbox"/> Grasslands Farming	<input type="checkbox"/> Wetland Conservation
<input type="checkbox"/> Greenhouse Gases	<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 (for example, if the farm has done work with the District or NRCS on conservation practices; if any land is in a conservation easement; if the farm has any certifications, such as organic; or any additional questions or info on answers in the Tier 1, above):
