

BMP Implementation Assurance

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Office of Agricultural Water Policy

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IA Program Purposes

- Communicate the importance of BMP implementation to producers
- Evaluate the overall level of producer adherence to BMPs
- Identify possible improvements to BMP manuals
- Help identify needs for additional education and implementation assistance for producers, including cost share
- Keep NOI records up to date



NOI Change Form



Florida Department of Agriculture and Consumer Services
Office of Agricultural Water Policy

FDACS-OAWP
1203 Governor's Sq. Blvd.
Suite 200
Tallahassee, FL, 32301

ADAM H. PUTNAM
COMMISSIONER

CHANGE FORM TO
NOTICE OF INTENT TO IMPLEMENT BMPs AND/OR
ASSOCIATED BMP CHECKLIST

Operation Name (on existing NOI): _____

NOI#: _____ County: _____

Program/Manual: _____

NOTE: IF ANY PARCELS LISTED UNDER THE ORIGINAL NOI HAVE CHANGED OWNERSHIP, THE NEW LANDOWNER OR LEASEHOLDER MUST SUBMIT A NEW NOI FOR THOSE PARCELS IN ORDER TO PARTICIPATE IN THE BMP PROGRAM.

1. CHANGES IN CONTACT PERSON INFORMATION: NONE

Name: _____

Business Relationship to Landowner/Leaseholder: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ FAX: _____

Email: _____

2. CHANGES IN LANDOWNER/LEASEHOLDER INFORMATION NONE

NOTE: If information is the same as the Contact Information listed above, please check: Same as above. If not, indicate the changes below. Do not use this section to indicate changes in parcel ownership.

Name: _____

LANDOWNER LEASEHOLDER (Check each that applies to any of the parcels under this NOI.)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ FAX: _____

3. PARCELS BEING ADDED TO OR REMOVED FROM THE NOI (CHECK "ADD" OR "REMOVE"): ADDED PARCELS MUST BE UNDER THE SAME OWNERSHIP AND IN THE SAME COUNTY AS THE PARCELS ON THE ORIGINAL NOI, AND MUST BE SUBJECT TO THE SAME MANUAL OR CONSERVATION PLAN. ADD/REMOVE PRACTICES UNDER SECTION 4, AS NECESSARY. NONE

<input type="checkbox"/> Add/ <input type="checkbox"/> Remove	PARCEL No.:	_____	PARCEL OWNER:	_____
<input type="checkbox"/> Add/ <input type="checkbox"/> Remove	PARCEL No.:	_____	PARCEL OWNER:	_____
<input type="checkbox"/> Add/ <input type="checkbox"/> Remove	PARCEL No.:	_____	PARCEL OWNER:	_____
<input type="checkbox"/> Add/ <input type="checkbox"/> Remove	PARCEL No.:	_____	PARCEL OWNER:	_____
<input type="checkbox"/> Add/ <input type="checkbox"/> Remove	PARCEL No.:	_____	PARCEL OWNER:	_____
<input type="checkbox"/> Add/ <input type="checkbox"/> Remove	PARCEL No.:	_____	PARCEL OWNER:	_____



IA Surveys and Site Visits

- Mail-out surveys to all enrollees by commodity
- Site visits in the Suwannee and Okeechobee basins
- Site visits in other areas of the state
- New “standardized” site visit process
- IA Reports:

<http://www.floridaagwaterpolicy.com/ImplementationAssurance.html>



IA Form

GENERAL INFORMATION		DATE CURRENT:	*DATE PREVIOUS:
NOI #:	FDACS Program:	County:	
*Property Tax ID # (s) verified <input type="checkbox"/> Updated on separate sheet <input type="checkbox"/>		*BMAP Basin/RFA:	
Operation Name:		Type(s) of Operation:	
*Acreage on NOI: Adjusted Acreage:		Cause of acreage change:	
Owner Name:		Alternate Contact Name:	
Address:		Address:	
Phone:	Email:	Phone:	Email:

CROP PRODUCTION INFORMATION (field, raised bed, plastic mulch, greenhouse, flatwoods citrus, etc.)			
Method:	Crop(s):	Acres:	
Method:	Crop(s):	Acres:	
Method:	Crop(s):	Acres:	
Method:	Crop(s):	Acres:	
NOTES:			

WATER RESOURCE PROTECTION - STORMWATER MANAGEMENT - EROSION/SEDIMENT CONTROL	
CONDITIONS PRESENT:	CORRESPONDING BMPs:
Springheads/spring runs <input type="checkbox"/>	100 foot non-fertilized vegetated buffers <input type="checkbox"/>
Sinks/sinkholes <input type="checkbox"/>	50 foot non-fertilized vegetated buffer <input type="checkbox"/>
Wetlands <input type="checkbox"/>	25 foot non-fertilized vegetated buffer <input type="checkbox"/>
Wells <input type="checkbox"/>	All wellheads properly maintained or capped <input type="checkbox"/>
Ditches/water control structures <input type="checkbox"/>	Ditches/WCS maintained to preserve function <input type="checkbox"/>
Access roads cross wetlands <input type="checkbox"/>	Rock crossings <input type="checkbox"/> Culverts <input type="checkbox"/>
Livestock management <input type="checkbox"/>	Alt. stock watering <input type="checkbox"/> Exclusion fencing <input type="checkbox"/>
Erosion potential <input type="checkbox"/>	Contour farming <input type="checkbox"/> Conservation tillage <input type="checkbox"/>
	Grassed Waterways <input type="checkbox"/> Rip-rap <input type="checkbox"/>
	Ground cloth <input type="checkbox"/> Soil stabilization <input type="checkbox"/>
Drainage to wetland or offsite <input type="checkbox"/>	Sediment basins <input type="checkbox"/> Riparian buffers <input type="checkbox"/>
	Spreader swales <input type="checkbox"/> Pond/reservoir <input type="checkbox"/>
NOTES:	

IRRIGATION SYSTEM INFORMATION		
SOURCE: Surface water <input type="checkbox"/> Well <input type="checkbox"/> Reclaimed <input type="checkbox"/> Stormwater <input type="checkbox"/> Tailwater <input type="checkbox"/>		
DELIVERY: Overhead <input type="checkbox"/> Center pivot <input type="checkbox"/> Micro/drip <input type="checkbox"/> Subsurface <input type="checkbox"/> Seepage <input type="checkbox"/>		
IRRIGATION MANAGEMENT/MAINTENANCE PRACTICES		
*Agricultural MIL available? Yes <input type="checkbox"/> No <input type="checkbox"/> MIL evaluation w/in past five years? (mo/yr): _____ systems: _____		
Irrigation targeted to root zone (indicate in notes section how this is accomplished)		
Irrigation system(s) is/are _____		
Irrigation-based frost/freeze protection has appropriate critical temperature _____		
Irrigation management records are _____		
Which of the following are documented in the irrigation records?		
System design values <input type="checkbox"/>	Energy consumption <input type="checkbox"/>	Irrigation duration <input type="checkbox"/>
System flow rates <input type="checkbox"/>	Irrigation water quality <input type="checkbox"/>	Irrigation amounts <input type="checkbox"/>
Delivery pressures <input type="checkbox"/>	Irrigation dates/times <input type="checkbox"/>	Irrigation uniformity _____ % <input type="checkbox"/>
Which of the following are used on this operation for irrigation management and scheduling?		
Evapotranspiration data <input type="checkbox"/>	Weather data <input type="checkbox"/>	Cyclic irrigation <input type="checkbox"/>
Rain shutoff devices <input type="checkbox"/>	Water table observation <input type="checkbox"/>	Moisture probes <input type="checkbox"/>
Other: _____		
NOTES:		

General Information
 Crop Production
 Water Resource
 Protection
 Irrigation Practices
 Nutrient Practices
 Recommendations
 CARES

NUTRIENT APPLICATION METHODS		NITROGEN APPLIED		PHOSPHORUS APPLIED	
Which of the following have been used during the past year on this operation?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pre-planting applications <input type="checkbox"/>	Split applications <input type="checkbox"/>	Fertigation <input type="checkbox"/>		Other: _____ <input type="checkbox"/>	
Broadcast <input type="checkbox"/>	Side dressing/banding <input type="checkbox"/>	Top dressing <input type="checkbox"/>		Other: _____ <input type="checkbox"/>	
Variable rate application <input type="checkbox"/>	Foliar applications <input type="checkbox"/>	Amended substrate <input type="checkbox"/>		Other: _____ <input type="checkbox"/>	
Of the total nutrients applied per season on this operation, what was the approximate percentage used of the following forms?					
Soluble <input type="checkbox"/> _____ %		Controlled/Slow Release <input type="checkbox"/> _____ %		Composted Manure <input type="checkbox"/> _____ %	
Uncomposted Manure <input type="checkbox"/> _____ %		Treated Bio-solids/Sludges <input type="checkbox"/> _____ %		Other: <input type="checkbox"/> _____ %	

Nutrient Management Practices		NI
Soil testing (lab name): _____ <input type="checkbox"/>	Tissue testing (lab name): _____ <input type="checkbox"/>	
Nutrient applications are adjusted based on soil testing <input type="checkbox"/>		
Nutrient applications are adjusted based on plant tissue testing <input type="checkbox"/>		
is appropriate for form (manures, fertilizer, composts, amended substrates) <input type="checkbox"/>		
into account the use of reclaimed water, bio-solids/sludges, and/or manures <input type="checkbox"/>		
applied at agronomic rates (including manure/bio-solids accepted for disposal) <input type="checkbox"/>		
nutrient application equipment is properly maintained and calibrated annually <input type="checkbox"/>		
Nutrient applications on container stock are based on leachate (EC) testing <input type="checkbox"/>		
Nutrient records are available for review <input type="checkbox"/>		
for crops? Yes <input type="checkbox"/> No <input type="checkbox"/>	If NO: NEED LESS <input type="checkbox"/> NEED MORE <input type="checkbox"/>	
e nutrient management records?		
maintenance <input type="checkbox"/>	Nutrient application dates <input type="checkbox"/>	Application rates <input type="checkbox"/>
testing results <input type="checkbox"/>	Equipment calibration <input type="checkbox"/>	Nutrient formulations <input type="checkbox"/>
testing results <input type="checkbox"/>	Total nutrients applied <input type="checkbox"/>	Other: _____ <input type="checkbox"/>

FOLLOW-UP VISIT NEEDED		DATE:	PURPOSE:
Yes <input type="checkbox"/>	No <input type="checkbox"/>		

CARES PROGRAM:		PRODUCER INTERESTED	RECOMMENDED
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Signature _____	Date _____	FDACS Signature _____	Date _____
Print Name _____	<input type="checkbox"/> Land Owner / <input type="checkbox"/> Leaseholder / <input type="checkbox"/> Authorized Agent		Print Name _____

* Determine prior to site visit, if possible



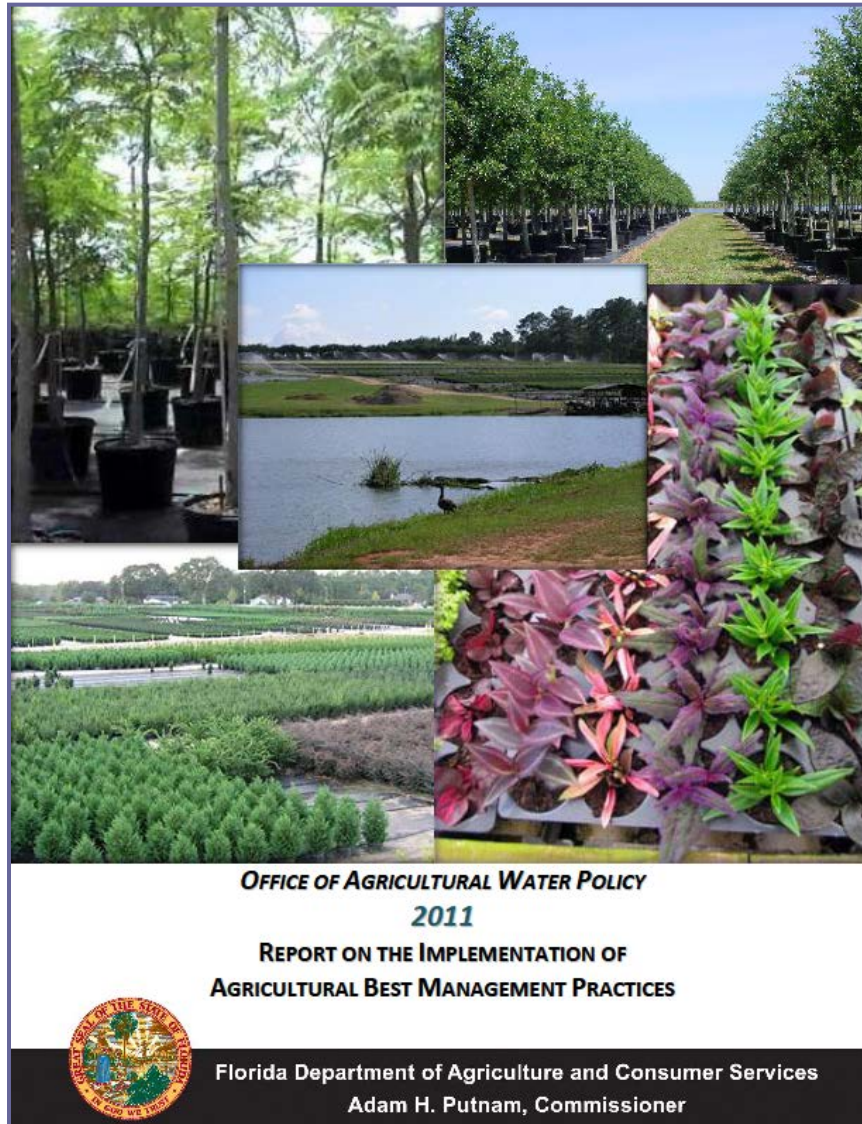
Implementation Assurance



New Tools

- **Google Earth Pro**
- **Earth Plat**





<http://www.floridaagwaterpolicy.com/ImplementationAssurance.html>



IA Survey Schedule

BMP IMPLEMENTATION ASSURANCE ACTIVITIES	ESTIMATED TIMELINE
Ridge Citrus	Completed 2008 - 09
Citrus	Completed 2008 - 09
Peace River/Manasota Citrus	Completed 2009 -10
Gulf Citrus	Completed 2009 -10
Statewide Vegetables/Agronomic Crops	Completed 2010
Statewide Container Nursery	Completed 2011
Statewide Sod (adopted 2008)	2013
Statewide Cow/Calf (adopted 2009)	2014
Statewide Specialty Fruit/Nut (adopted 2011)	2015
Statewide Equine (adopted 2011)	2016
Statewide Consolidated Citrus (adopted 2013)	2017



Thank You!

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Statewide Assistance

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