

Report of Completed Best Management Practices

Instructions: Fill out form and send in with your Progress Report and Reimbursement Request

Project Name			County	
Grantee Name			Date BMPs Completed	
Edison ID		Grant FFY <i>(Do not change)</i>		Acres Impacted by Project
Cooperator Name			TN House District Number	
Address of BMP Location			TN Senate District Number	

Total Project Cost		Cost Share to Cooperator	
---------------------------	--	---------------------------------	--

BMP Name	NRCS Practice Code Number	Units of BMP (acres, feet, sq.ft, etc.)	Latitude Coordinates	Longitude Coordinates (always negative):

8-Digit HUC Number		12-Digit HUC Number		Name of Stream Closest to the BMP Site	
Is Stream on the 303(d) List?				If Yes, TDEC Waterbody Segment Number from 303(d) List	
Predominant Land Use of BMP Site (urban, cropland, pasture, forest, feedlots)			Nearest Crossroad or Landmark to the BMP site		
Number of Livestock in Watershed			Number of Septic Systems in Watershed		

I certify that these BMPs have been completed and inspected. All work has generally met the standards of the USDA Natural Resources Conservation Service or the Guidelines of the TDA Agricultural Resources Conservation Fund. Any septic work has been inspected and approved by TDEC. All expenditures claimed on this request are pertinent, accurate and allowable in accordance with provisions of the grant contract.

Technical Representative for Grantee	Date
TDA Watershed Coordinator	Date

Nonpoint Source Program Use Only

Date Payment Processed:		Initials:	
-------------------------	--	-----------	--