

## **Vermont Agency of Agriculture, Food & Markets Small Farm Operations Program: WQ Division**

Questions about this form? Please call: (802) 828-2431

| Farm Determination Form  |  |  |  |  |  |
|--|--|--|--|--|--|
| Farm/Business Name:  | Owner/Operator Name:   |  |  |  |  |
| House/Barn Phone:  | Cell Phone Number:   |  |  |  |  |
| Email Address:   |  |  |  |  |  |
| Mailing Address:   | Main Farm<br>E911 Address:   |  |  |  |  |
| What is your preferred method of communication with the V  Email United States Postal S  | Vermont Agency of Agriculture, Food & Markets (VAAFM)?  Service Fax #  |  |  |  |  |
| Town Zoning Administrator Name:  |  |  |  |  |  |
| Zoning Administrator Email:  |  |  |  |  |  |
| Zoning Administrator Phone:  |  |  |  |  |  |
|  |  |  |  |  |  |
| FARM DETERMINATION Please indicate which of these minimum thresholds in Sec  | etion 3.1 of the RAPS that your operation meets:   |  |  |  |  |
| · (b) has produced an annual gross income from the sale more in an average year; or  | e of agricultural products of \$2,000.00 or  |  |  |  |  |
| · (c) is preparing, tilling, fertilizing, planting, protecting sale on a farm that is no less than 4.0 contiguous acres  |  |  |  |  |  |
| (d) is raising, feeding, or managing at least the following that is no less than 4.0 contiguous acres in size: (1) for American bison; (3) 15 swine; (4) 15 goats; (5) 15 she 50 geese; (9) 100 laying hens; (10) 250 broilers, pheas (11) three camelids; (12) four ratites; (13) 30 rabbits; (11) cultured trout; or | ur equines; (2) five cattle, cows, or eep; (6) 15 cervids; (7) 50 turkeys; 12 (8) sant, Chukar partridge, or Coturnix quail; |  |  |  |  |
| • (e) is raising, feeding, or managing other livestock typ<br>managing crops or engaging in other agricultural practical<br>size that the Secretary has determined, after the opport<br>adverse water quality impacts and in a municipality we<br>manage the activities causing the water quality impact               | tices on less than 4.0 contiguous acres in tunity for a hearing, to be causing there no ordinances are in place to           |  |  |  |  |
| · (f) is managed by a farmer filing with the Internal Rev statement in at least one of the past two years  | venue Service a 1040(F) income tax   |  |  |  |  |

| FARM DESCRIPTION  | <b>FARM DESCRIPTION</b> Use this space to describe your farm operation. |        |                                |        |  |
|---|---|--------|--------------------------------|--------|--|
|   |   |        |                                |        |  |
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|   |   |        |                                |        |  |
| FARMING ACTIVITIES  |   |        |                                |        |  |
| Indicate which of the following activities are occurring on your farming operation:   |   |        |                                |        |  |
| (a) the cultivation or other use of land for growing food, fiber, Christmas trees, maple sap, or horticultural, viticultural, and orchard crops; or   |   |        |                                |        |  |
| (b) the raising, feeding, or management of livestock, poultry, fish, or bees; or  |   |        |                                |        |  |
| (c) the operation of greenhouses; or  |   |        |                                |        |  |
| (d) the production of maple syrup; or   |   |        |                                |        |  |
| (e) the on-site storage, preparation, and sale of agricultural products principally produced on the farm; or  |   |        |                                |        |  |
| (f) the on-site storage, preparation, production, and sale of fuel or power from agricultural products or wastes principally produced on the farm; or   |   |        |                                |        |  |
| (g) the raising, feeding, or management of four or more equines owned or boarded by the farmer, including   |   |        |                                |        |  |
| training, showing, instruction and lessons.   |   |        |                                |        |  |
| TYPE AND NUMBER OF ANIMALS  |   |        |                                |        |  |
| If you selected (b) raising, feeding, or management of livestock, poultry, fish, or bees above, please report <b>maximum numbers of each type of animal</b> present on your farm in the previous 12 months: |   |        |                                |        |  |
| Type  | That present on your I  | Number | Туре                           | Number |  |
| Mature Dairy Cows (lactating  | and dry)  |        | Sheep or Lambs                 |        |  |
| Youngstock or Heifers   | 5 4114 41 )   |        | Turkeys                        |        |  |
| Veal Calves   |   |        | Chickens (w/ liquid system)    |        |  |
| Cattle or Cow/Calf Pairs  |   |        | Chickens (w/out liquid system) |        |  |
| Swine (55 lb. or more)  |   |        | Ducks (w/ liquid system)       |        |  |

Swine (under 55 lb.)

Horses

Ducks (w/out liquid system)

Other:

| <u>FIELDS</u>   |                            |   |                         |  |  |  |
|---|----------------------------|---|-------------------------|--|--|--|
| Please report acreage of ea   | ch type of crop present    | t on your farm in the previo  | us 12 months:           |  |  |  |
| <u>Crop</u>   | # of Acres                 | <u>Crop</u>   | # of Acres              |  |  |  |
| Hay -   |                            | Hemp  | Hemp                    |  |  |  |
| Corn -  |                            | Trees/Syrup   |                         |  |  |  |
| Pasture _   |                            | Other:  |                         |  |  |  |
| Vegetables, Berries   |                            | Other:  |                         |  |  |  |
| Total number of acres:  |                            |   |                         |  |  |  |
|   |                            |   |                         |  |  |  |
| APPLICANT CERTIFIC  | <u>ATION</u>               |   |                         |  |  |  |
| I certify that the information  | provided here is, to the l | best of my knowledge, true,   | accurate, and complete. |  |  |  |
| Applicant Name (please prin   | t):                        |   |                         |  |  |  |
| Signature of Applicant:   |                            |   | Date:                   |  |  |  |
| NOTE: Prior to construction of farm structures, the farmer must notify the zoning administrator or the town clerk of the town in which the farm structure is proposed, in writing, of the proposed construction activity. The notification must contain a sketch of the proposed structure including the setback distances from adjoining property lines, road rights-of-way, and adjacent surface water. |                            |   |                         |  |  |  |
| If your zoning administrator requests a structure determination, or your structure requires a variance, please go to the form at this link: <a href="https://agriculture.vermont.gov/sites/agriculture/files/documents/Water">https://agriculture.vermont.gov/sites/agriculture/files/documents/Water</a> Quality/FarmStructure.pdf or click on the   |                            |   |                         |  |  |  |
| "Farm Structure Variance Form" box on the Farm Definitions and Determinations webpage at <a href="https://agriculture.vermont.gov/water-quality/regulations/farm-definitions-and-determinations">https://agriculture.vermont.gov/water-quality/regulations/farm-definitions-and-determinations</a>  |                            |   |                         |  |  |  |
| Reminder — submit to:   |                            |   |                         |  |  |  |
| Con   | Small I<br>116 State       | cy of Agriculture, Food & M<br>Farm Operations Program<br>e St. Montpelier, VT 05420<br>828-2431 or AGR.WaterQu |                         |  |  |  |