



# **FARIBAULT SWCD MONITORING PLAN FOR BUFFER COMPLIANCE TRACKING**

§103F.48 RIPARIAN PROTECTION AND WATER QUALITY PRACTICES

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## **1. COMPLIANCE TRACKING OF ALL PARCELS SUBJECT TO BUFFER LAW**

All parcels in the county are required to be reviewed within a 3 year timeframe. Faribault County will utilize aerial photography to review all parcels once every 3 years.

## **2. RANDOM SPOT CHECKS**

Random spot checks will be done in addition to tracking all parcels once every 3 years. These checks may be conducted via aerial photo review or on-site review depending on availability of updated aerial photos and the practice that is being checked/access to farms. A combination of both aerial and on-site review may also be used. At a minimum, the SWCD will conduct a random spot check on 5% of parcels each year.

Additionally, the SWCD will review parcels of emphasis more frequently.

- Previously non-compliant
- No-till/conservation tillage or cover crop alternative practice plans
- Variable width buffers (i.e. Land O' Lakes buffer tool, Decision Support Tool)
- Other Alternative Practice Plans
- Cost-share funded projects (years 1,3,9 of contract)
- Parcels of further emphasis (potential violators)

## **3. PROCESS TO HANDLE COMPLAINTS**

The SWCD has developed a local process for investigating public complaints related to buffer law compliance. This process is outlined in Attachment A.



# Buffer Law Complaint Form

*This process will be used for investigating and tracking complaints related to Minnesota Buffer Law Compliance. Complete one form for each parcel affected by Minn. Stat. §103F.48. Fill in all applicable blue boxes.*

## 1) COMPLAINT INFORMATION:

|                         |                                                                                                            |                |  |                           |  |
|-------------------------|------------------------------------------------------------------------------------------------------------|----------------|--|---------------------------|--|
| <b>Complaint Source</b> | <input type="checkbox"/> Reported <input type="checkbox"/> Spot Check <input type="checkbox"/> Other _____ |                |  | <b>Date</b><br>(M/D/YYYY) |  |
| <b>Township</b>         |                                                                                                            | <b>Section</b> |  | <b>¼ Section</b>          |  |
| <b>Description</b>      |                                                                                                            |                |  |                           |  |

## 2) LANDOWNER INFORMATION:

|                        |         |  |                |               |               |     |
|------------------------|---------|--|----------------|---------------|---------------|-----|
| <b>Name</b>            |         |  |                | <b>Parcel</b> |               |     |
| <b>Mailing Address</b> |         |  |                |               |               |     |
|                        | Address |  | City           |               | State         | Zip |
| <b>Email</b>           |         |  | <b>Phone #</b> |               | <b>Cell #</b> |     |

## 3) COMPLIANCE VERIFICATION INSPECTION (After complaint):

*\*Jump to Step 4 if Complaint Source is Spot Check by staff or landowner access is required to enter parcel for on-site evaluation.*

|                                   |                  |                                                                       |
|-----------------------------------|------------------|-----------------------------------------------------------------------|
| <b>Inspection Date</b> (M/D/YYYY) | <b>Inspector</b> | <b>Status</b>                                                         |
|                                   | Nathan Carr      | <input type="checkbox"/> Compliant <input type="checkbox"/> Violation |
| <b>Description</b>                |                  |                                                                       |

## 4) LANDOWNER NOTIFICATION: ☐ Y ☐ N Reason \_\_\_\_\_

|                                                                                                          |                        |                                           |
|----------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------|
| <b>Contact Type</b>                                                                                      | <b>Date</b> (M/D/YYYY) | <b>Required Remedy Date</b><br>(M/D/YYYY) |
| <input type="checkbox"/> Letter <input type="checkbox"/> Phone Call <input type="checkbox"/> Other _____ |                        |                                           |

## 5) CONTINUED COMPLIANCE INSPECTION (After required remedy date):

|                                      |  |                                                       |                                                      |               |                                                                       |
|--------------------------------------|--|-------------------------------------------------------|------------------------------------------------------|---------------|-----------------------------------------------------------------------|
| <b>Inspection Date</b><br>(M/D/YYYY) |  | <b>Inspector</b>                                      | Nathan Carr                                          | <b>Status</b> | <input type="checkbox"/> Compliant <input type="checkbox"/> Violation |
| <b>Sent to Enforcement Authority</b> |  | <input type="checkbox"/> Y <input type="checkbox"/> N | <b>Date Sent to Enforcement Authority</b> (M/D/YYYY) |               |                                                                       |
| <b>Description</b>                   |  |                                                       |                                                      |               |                                                                       |