

**WATER QUALITY MANAGEMENT PLAN
STATUS REVIEW
FISCAL YEAR:**

SWCD _____ **County** _____

Water Quality Management Plan No. _____

Producer _____ **Address** _____

Date Contacted: _____

1. Progress in applying plan.

2. Plan modifications needed.

3. Follow-up assistance needed to remedy any non-compliance issues.

Date of Review: _____

Reviewed by: _____ Date _____
TSSWCB Employee

Producer Signature Date _____

Reviewed by: _____ Date _____
Soil & Water Conservation District