

Participant Signature:

Date :

County Agent Signature:

Date :

Arkansas Farm*A*Syst

Survey and EQIP Confirmation Form

Thank you for participating in the Farmstead Assessment System Program. Your input and experience gained through this project will be very helpful in organizing farmstead assessment programs throughout the state. Participating in the Farm*A*Syst program can increase your credibility as a borrower with your banker and insurance provider as it indicates that you are doing your part to reduce environmental risk. In order to make improvements and provide quality information and assistance, we need to know about your experience with the program and any ideas you may have in regards to the program. Please take the time to answer the questions in this survey.

This also serves as a confirmation form for the EQIP applications. Your signature along with the signature of the county agent is required for this to be considered for credit in the EQIP application. The information obtained from this survey will be confidential and protected.

1. When was the farmstead assessment done on your farm? (mo/yr)
2. Please indicate whether each of the worksheets was beneficial, not beneficial or didn't apply to your farmstead by placing a check in the appropriate column.

Worksheet	Beneficial	Not Beneficial	Didn't Apply
# 1 Wells			
# 2 Pesticides			
# 3 Fertilizers			
# 4 Petroleum			
# 5 Hazardous Waste			
# 6 Household Wastewater			
# 7 Animal Waste			
# 8 Poultry			
# 9 Cropland			
#10 Wildlife			
#11 Site Evaluation			

3. Please put checks on the lines in the table to indicate how much attention you gave to the fact sheets and whether they were useful.

Fact Sheet

**Didn't
Read**

**Skimmed
Briefly**

**Read
Closely**

**Not
Useful**

Useful

- # 1 Wells
- # 2 Pesticides
- # 3 Fertilizers
- # 4 Petroleum
- # 5 Hazardous Waste
- # 6 Household Wastewater
- # 7 Animal Waste
- # 8 Poultry
- # 9 Cropland
- # 10 Wildlife
- # 11 Site Evaluation

4. Please describe any changes that you have made or plan to make.

Changes planned:

Changes made:

5. If you have made any changes, please check the type of assistance that was needed to help you make those changes. (Check all that apply.)

no assistance needed

cost sharing

technical advice

engineering or design

information on
management

other(specify)

6. If you don't plan to make changes in some high risk situations, please indicate why. (Check all that apply)

too busy

too expensive

don't believe it will make a difference

management changes are too time-consuming
or impractical

need more information and/or assistance

other (specify)

7. On a scale of 1 to 10, with 1 being a waste of time and 10 being extremely useful, circle the number that most closely describes your feeling about completing the farmstead assessment and its usefulness for reducing contamination risks.

Waste of Time

OK

Extremely Useful

1

2

3

4

5

6

7

8

9

10

8. Do you have any comments on the farmstead assessment or suggestions on how it could be improved?
(Attach another page if needed.)