

Part A – Whole Farm Evaluation

Member Name: _____ Coalition Member ID#: _____

1. Pesticide Application Practices (check all that apply)

- County Permit Followed
- Follow Label Restrictions
- Sensitive Areas Mapped
- Attend Trainings
- End of Row Shutoff When Spraying
- Avoid Surface Water When Spraying
- Reapply Rinsate to Treated Field
- Target Sensing Sprayer used
- Use Drift Control Agents
- Monitor Wind Conditions
- Use Appropriate Buffer Zones
- Use Vegetated Drain Ditches
- Monitor Rain Forecasts
- Use PCA Recommendations
- Chemigation
- Other _____
- Other _____

2. If you have one or more Nitrogen Management Plans, who helped prepare the plan?
(Check all that apply)

- Certified Crop Advisor
- Certified Technical Service Providers by NRCS
- Professional Soil Scientist
- Professional Agronomist
- None of the above

3. Does your farm have the potential to discharge sediment to off-farm surface waters?

(circle one) Yes No

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel or represented Members properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment for violations.

Signature

Printed Name

Date

Part B – Specific Field Evaluation

Member Name: _____

Coalition Member ID#: _____

1. Identify the Parcels and Fields that this survey applies to. Fill out a separate survey for parcels/fields with different practices.

Parcel (APN)	Field ID	Acres	Crop
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Irrigation Practices

Primary

- Drip
- Micro Sprinkler
- Furrow
- Sprinkler
- Border Strip

Secondary (if applicable)

- Drip
- Micro Sprinkler
- Furrow
- Sprinkler
- Border Strip

3. Practices to Improve Irrigation Efficiency (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Laser Leveling | <input type="checkbox"/> Soil Moisture Neutron Probe |
| <input type="checkbox"/> Use of E_r in scheduling irrigations | <input type="checkbox"/> Pressure Bomb |
| <input type="checkbox"/> Water application scheduled to need | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Use of moisture probe
(e.g. irrometer or tensiometer) | <input type="checkbox"/> Other _____ |

4. Nitrogen Management Methods to Minimize Leaching (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Cover Crops | <input type="checkbox"/> Supply Water Testing |
| <input type="checkbox"/> Split Fertilizer Applications | <input type="checkbox"/> Fertigation |
| <input type="checkbox"/> Soil Testing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Tissue/Petiole Testing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Variable Rate/GPS | |
| <input type="checkbox"/> Foliar N Application | |

Part D - Farm Map

(Keep Onsite- For Inspection Purposes Only)

Update map with well locations and surface water discharge points.

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" Legend "
" X – In Use Well Locations "
" A – Known Abandoned Well Locations "
" DP – Off Farm Surface Water Discharge Points "
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