Approved BMPs for 2019 Acre Expansion

Applicants are required to submit a report annually for five (5) years starting at the end of the 2020 growing season with proof of practices and answers to survey questions provided by the District. The District may also physically inspect the new acres for compliance. Proof of practices must be provided through contracts with EQIP, independent crop consultants, or similar, or receipts with proof of use of BMP on the applied-for parcel. Burden of proof is on the applicant. Failure to satisfactorily prove that BMPs were used on the parcel associated with this application, or failure to submit the annual report by December 31st of each year (2020 – 2024) will result in forfeiture of any acres expanded using BMPs to achieve the minimum score required to qualify for the 2020 growing year expansion.

Please select (up to four) of the following BMPs that you will either 1) use on the expanded acres because they will be associated with land on which these practices are already used or 2) you will be adding to any parcels that have not been previously developed. Where applicable, NRCS Technical Guidelines should be used.

Five years of continued use of the following practices on the parcel:

___ Buffer Strips/Grassed waterways (NRCS Conservation Practice Standard 412)

___ Cover crops (NRCS Conservation Practice Standard 340)

___ Nitrogen inhibitors  
(Must have receipts or irrigation management plan that proves proof of practice on parcel.)

___ Continuous no-till (NRCS Conservation Practice Standard 329)

___ Soil moisture probes  
(Must have receipts or irrigation management plan that proves proof of practice or installation of equipment on parcel. Data logs from the probe may also be requested.)

___ Split application (Must use a minimum of 4 applications.)

___ Variable rate irrigation  
(Must have receipts or irrigation management plan that proves proof of practice or installation of equipment on parcel.)

I certify that I have read and understood the above.

_______________________________________  _________________
Signature of Landowner or Power of Attorney  Date