

Seasonal High Tunnel System – First Year Annual Evaluation Report 798

Cooperator _____ Farm/ Tract # _____
 Field Office _____ Contract # _____
 Report Date _____

Report Due on, or Before December 20, 2010

Size (sq. ft.) _____ Dimensions (L x W x H) _____

Actual cost of Seasonal High Tunnel System installation – attach copies of bills:

Manufacturer / Series or component	Cost
	\$

High Tunnel System Specifics:

- Did you grow crops in raised beds? _____
- Did you use any type of mulch? _____
 - If so, what kind? _____
- Did you use row covers? _____
 - If so, what kind? _____
- Did you use a double layer of plastic for the cover? _____
 - If so, what kind? _____
- Did you use and electric or supplemental heat? _____
 - If so, what kind and why? _____
- Did you use any mechanical ventilation systems? _____
 - If so, what kind? _____

Seasonal High Tunnel System – First Year Annual Report

First year maintenance requirements : *(add more sheets if necessary)*

Activity or Item <i>(list)</i>	Cost
	\$

Two years of cropping history **before** installation of Seasonal High Tunnel – add more sheets if necessary:

Crop (type)	Crop Year	Yield	Season Dates	Length of Growing Season (days)	Nutrients (Fertilizer)			Pesticide(s)		
					Type	Rate	Timing	Type	Rate	Timing

First year crop in Seasonal High Tunnel:

Crop (type)	Crop Year	Yield	Season Dates	Length of Growing Season (days)	Nutrients (Fertilizer)			Pesticide(s)		
					Type	Rate	Timing	Type	Rate	Timing

- What supporting practices were used to achieve the intended conservation purposes?

Supporting Practices (check if installed to address resource concerns):

Surface Water Management Practices:

- | | |
|--|---|
| <input type="checkbox"/> Roof Runoff Structure (i.e. drip line drain, infiltration trench) | <input type="checkbox"/> Grassed Waterway |
| <input type="checkbox"/> Underground Outlets | <input type="checkbox"/> Critical Area Planting |
| <input type="checkbox"/> Water Control Structure | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Diversion | <input type="checkbox"/> None Required |

Cropping System Practices:

- | | |
|---|--|
| <input type="checkbox"/> Conservation Crop Rotation | <input type="checkbox"/> Pest Management |
| <input type="checkbox"/> Cover Crop | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Nutrient Management | <input type="checkbox"/> None Required |
| <input type="checkbox"/> Irrigation System, Microirrigation | |

- Producer's Observations and/or Recommendations:

Changes in site (soil quality, erosion, vegetation, plant quality, etc.) _____

- Producer's Observations and/or Recommendations:

Other _____

Seasonal High Tunnel System – First Year Annual Evaluation Report

798

Observed effects - to be completed by NRCS:

Effects on Soil: _____

o **Attach** Rusle2 Management and Plan View printouts

▪ Calculations for two years of cropping history **before** installation of Seasonal High Tunnel

▪ Calculations for actual or expected first year crop in Seasonal High Tunnel:

Effects on Water: _____

Effects on Air: _____

Effects on Plants: _____

Effects on Animals: _____

Effects on Economics: _____

Effects on Energy Resources: _____

Were the supporting practices applied in the first year adequate to address the resource concerns and meet the planned future condition?

The United States Department of Agriculture (USDA) prohibits discrimination in its programs on the basis of race, color, national origin, sex, religion, age, disability, political beliefs and marital or familial status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication program information (Braille, large print, audiotape, etc.) should contact the USDA Office of Communications (202) 720-2791.

To file a complaint of discrimination write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

Cooperator _____ Farm/ Tract # _____
 Field Office _____ Contract # _____
 Report Date _____

Report Due on, or Before December 20, 2011

High Tunnel System Specifics:

- Did you grow crops in raised beds? _____
- Did you use any type of mulch? _____
 - If so, what kind? _____
- Did you use row covers? _____
 - If so, what kind? _____
- Did you use a double layer of plastic for the cover? _____
 - If so, what kind? _____
- Did you use and electric or supplemental heat? _____
 - If so, what kind and why? _____
- Did you use any mechanical ventilation systems? _____
 - If so, what kind? _____

Second year maintenance requirements : *(add more sheets if necessary)*

Activity or Item <i>(list)</i>	Cost
	\$

Seasonal High Tunnel System – Second Year Annual Report **798**

Second year crop in Seasonal High Tunnel:

Crop (type)	Crop Year	Yield	Season Dates	Length of Growing Season (days)	Nutrients (Fertilizer)			Pesticide(s)		
					Type	Rate	Timing	Type	Rate	Timing

What additional supporting practices were used in the second year to achieve the intended conservation purposes?

Supporting Practices (check if installed to address resource concerns):

Surface Water Management Practices:

- | | |
|--|---|
| <input type="checkbox"/> Roof Runoff Structure (i.e. drip line drain, infiltration trench) | <input type="checkbox"/> Grassed Waterway |
| <input type="checkbox"/> Underground Outlets | <input type="checkbox"/> Critical Area Planting |
| <input type="checkbox"/> Water Control Structure | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Diversion | <input type="checkbox"/> None Required |

Cropping System Practices:

- | | |
|---|--|
| <input type="checkbox"/> Conservation Crop Rotation | <input type="checkbox"/> Pest Management |
| <input type="checkbox"/> Cover Crop | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Nutrient Management | <input type="checkbox"/> None Required |
| <input type="checkbox"/> Irrigation System, Microirrigation | |

- Producer's Observations and/or Recommendations:

Changes in site (soil quality, erosion, vegetation, plant quality, etc.) _____

- Producer's Observations and/or Recommendations:

Other _____

Seasonal High Tunnel System – Second Year Annual Evaluation Report 798

Observed effects - to be completed by NRCS:

Effects on Soil: _____

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▪ Calculations for second year crop in Seasonal High Tunnel:

Effects on Water: _____

Effects on Air: _____

Effects on Plants: _____

Effects on Animals: _____

Effects on Economics: _____

Effects on Energy Resources: _____

Were the supporting practices applied in the second year adequate to address the resource concerns and meet the planned future condition?

Were supporting practices applied in the first year operated and maintained according to requirements? _____

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Seasonal High Tunnel System – Third Year Annual Evaluation Report 798

Cooperator _____ Farm/ Tract # _____
 Field Office _____ Contract # _____
 Report Date _____

Report Due on, or Before December 20, 2012

High Tunnel System Specifics:

- Did you grow crops in raised beds? _____
- Did you use any type of mulch? _____
 - If so, what kind? _____
- Did you use row covers? _____
 - If so, what kind? _____
- Did you use a double layer of plastic for the cover? _____
 - If so, what kind? _____
- Did you use and electric or supplemental heat? _____
 - If so, what kind and why? _____
- Did you use any mechanical ventilation systems? _____
 - If so, what kind? _____

Third year maintenance requirements : *(add more sheets if necessary)*

Activity or Item <i>(list)</i>	Cost
	\$

Third year crop in Seasonal High Tunnel:

Crop (type)	Crop Year	Yield	Season Dates	Length of Growing Season (days)	Nutrients (Fertilizer)			Pesticide(s)		
					Type	Rate	Timing	Type	Rate	Timing

What additional supporting practices were used in the third year to achieve the intended conservation purposes?

Supporting Practices (check if installed to address resource concerns):	
<u>Surface Water Management Practices:</u>	
<input type="checkbox"/> Roof Runoff Structure (i.e. drip line drain, infiltration trench)	<input type="checkbox"/> Grassed Waterway
<input type="checkbox"/> Underground Outlets	<input type="checkbox"/> Critical Area Planting
<input type="checkbox"/> Water Control Structure	<input type="checkbox"/> Other _____
<input type="checkbox"/> Diversion	<input type="checkbox"/> None Required
<u>Cropping System Practices:</u>	
<input type="checkbox"/> Conservation Crop Rotation	<input type="checkbox"/> Pest Management
<input type="checkbox"/> Cover Crop	<input type="checkbox"/> Other _____
<input type="checkbox"/> Nutrient Management	<input type="checkbox"/> None Required
<input type="checkbox"/> Irrigation System, Microirrigation	

- Producer's Observations and/or Recommendations:

Changes in site (soil quality, erosion, vegetation, plant quality, etc.) _____

- Producer's Observations and/or Recommendations:

Other _____

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798

Observed effects - to be completed by NRCS:

Effects on Soil: _____

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▪ Calculations for third year crop in Seasonal High Tunnel:

Effects on Water: _____

Effects on Air: _____

Effects on Plants: _____

Effects on Animals: _____

Effects on Economics: _____

Effects on Energy Resources: _____

Were the supporting practices applied in the third year adequate to address the resource concerns and meet the planned future condition?

Were supporting practices applied in the second year operated and maintained according to requirements? _____

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