IRRIGATION WATER MANAGEMENT

Cooperator: _____ Location: _____

Conservation District: _____ Field Office: _____

Identification No.: _____ Field No.: _____ Acres: _____ Contract Item No.: _____

Type of Irrigation System: _____

1. A conservation irrigation system which meets the requirements of field office technical guide is established on the land being irrigated. If no, briefly describe changes needed to meet NRCS standards.[1/]	Yes ☐ No ☐	Comments:
2. Operator uses the irrigation water management (IWM) plan:		Comments:
a. to determine when to irrigate (i.e., an irrigation scheduling procedure). If yes, briefly describe method used.	Yes ☐ No ☐	
b. as a method for measuring soil moisture. If yes, briefly describe how (i.e., using tensiometers, feel and appearance method,	Yes ☐ No ☐	
c. as a method for measuring irrigation system application rate. If yes, briefly describe method used.	Yes ☐ No ☐	
d. to adjust irrigation to compensate for changes in soil infiltration rate. If yes, briefly describe method used.	Yes ☐ No ☐	
e. to recognize and control soil erosion caused by irrigation. If yes, briefly describe.	Yes ☐ No ☐ NA ☐	
f. as a method for evaluating irrigation system uniformity set forth in the IWM plan. If yes, briefly describe how.	Yes ☐ No ☐	
g. to schedule time needed for nutrient and chemical application. If yes, briefly describe how.	Yes ☐ No ☐	
h. as a method for recognizing excess runoff by irrigation and make adjustments.	Yes ☐ No ☐ NA ☐	

[1/] If item 1 is checked no, the landowner will be provided in writing the requirements needed for the irrigation system to meet NRCS standards and specifications.

[2/] All the above questions under item 2 must have affirmative or not applicable answers before certifying IWM.

[3/] If needed, the back of this form may be used for systematic recording technical assistance and progress made in applying this practice. Notes shall be dated and initialed each time IWM assistance is given.

This practice has been applied as planned and meets NRCS standards and specifications.[2/, 3/]

_____ Title: _____ Date: _____
Signed

IWM ASSISTANCE PROVIDED

Date	Assisted By (Initials)	Notes

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