



Water Management Enhancement Activity – WQT01 – Irrigation system automation

Additional State Criteria

Implementation of this enhancement requires compliance with the Nebraska Practice Documentation Requirements for Conservation Practice Standard, Irrigation Water Management (PDR-449) http://efotg.nrcs.usda.gov/references/public/NE/PDR_449_Irrig_Water_Mgt.pdf.

DOCUMENTATION REQUIREMENTS

Complete the Table below:

To be completed by NRCS and Producer during planning			To be completed by Producer during certification	
1	2	3	4	5
Tract	Field(s)	Acres Planned	Description of irrigation scheduling	Ac of Irrigated land using variable rate irrigation

NRCS completes column 1, 2 & 3 (Tract, Field and Acres Planned, etc). Operator completes remaining columns.

Participant Acknowledgement Statement:

I agree to apply this enhancement under the terms and conditions of my CSP contract and understand the requirements of the activity.

I certify that I have used GPS guided variable rate irrigation that allow irrigation water application to be based on variable site conditions within a field(s) listed in the table above meets these specifications including the following documentation as applicable:

1. [Nebraska Planning Sheet 17](#) has been completed.
2. Available water holding capacities of the soils are listed (on map).
3. Crop Data – Description of ET (crop water usage) and seasonal crop water use on the Nebraska Planning Sheet 17.
4. Gross Irrigation Water Application planned for each field is listed on NE Planning Sheet 17.
5. The rainfall during the growing season; irrigation water application; and irrigation scheduling information (crop water use or soil moisture monitoring) is documented for each field assisted? ([NE-ENG-79A](#) & [NE-ENG-80](#)).
6. Maps/inventory of irrigation distribution system including soils and soil descriptions.
7. Irrigation season ending submittals to NRCS.
8. A completed record keeping worksheet (ie: NE-ENG-80, 79A or equivalent).
9. Field notes relating to the implementation and operation of the IWM plan.

Certified by: _____ **Date:** _____