



Water Quantity Enhancement Activity – WQT05 – Remote monitoring and notification of irrigation pumping plant operation

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

In addition, complete the Table below:

| To be completed by NRCS and Producer during planning | | | To be completed by Producer during planning | | |
|--|----------|---------------|---|---|--|
| 1 | 2 | 3 | 4 | 5 | 6 |
| Tract | Field(s) | Acres Planned | Description of monitoring | Description of notification method by wireless connection | Acres Applied (of Irrigated land using remote monitoring and notification) |
| | | | | | |
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COLUMNS 1-3 NRCS COMPLETES, COLUMNS 4-6 PRODUCER COMPLETES

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 a system for monitoring the status of an irrigation pumping plant that notifies me by a wireless connection of a change in the operating status of the irrigation system on the field(s) listed in the table above meets these specifications including the following documentation as applicable:

1. Copies of dated receipts for equipment or services purchased.
2. [Nebraska Planning Sheet 17](#) has been completed.
3. 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](#)).
4. Maps/inventory of irrigation distribution system including soils and soil descriptions.
5. Irrigation season ending submittals to NRCS.
6. A completed record keeping worksheet (ie: NE-ENG-80, 79A or equivalent).
7. Field notes relating to the implementation and operation of the IWM plan.

Certified by: _____ Date: _____