



Water Management Enhancement Activity – WQT01 – Irrigation system automation

State Criteria (same as NATIONAL CRITERIA) with the following clarifications:

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.

Irrigation water application reduction or elimination on non-cropped areas. It is recommended that variable speed motor-drive systems be used where there is a 15% or greater flow variation across the system.

Documentation Requirements (SEE NATIONAL ENHANCEMENT ACTIVITY JOBSHEET)

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 or other automated control systems which provided variable rate irrigation that allows irrigation water application to be based on variable site conditions within the field(s) listed in the table above, and that the irrigation system meets the specifications defined by the National Criteria. I have included the following documentation as applicable:

1. [Nebraska Planning Sheet 17](#) has been completed for each field.
2. [NE-ENG-79A](#) or [NE-ENG-80](#) or equivalent has been completed for each field. Completed forms will include rainfall during the growing season; irrigation water application; and irrigation scheduling information (crop water use or soil moisture monitoring).
3. Maps/inventory of irrigation distribution system.
4. Field notes relating to the implementation and operation of the IWM plan, including a copy of the irrigation prescription and irrigation logs.

Certified by: _____ **Date:** _____