

Base Year Information – Nutrient Management, Pest Management and IWM

Farm _____ Tract(s) _____ Field(s) _____

Producer _____ Base year yield _____

Nutrient Management notes

Soil sampling technique: _____

Deep soil samples: Yes No Depth _____

Time of soil sampling: Fall Spring other _____

Organic waste testing: Yes No _____

Irrigation water testing: Yes No _____

Nutrient Data (Base Year)

Form	lbs/ gal.	lbs./acre				
		N	P	K	S	Zn
Total #/A						

Pest Management

	Yes	No	Notes
Pest scouting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Economic threshold	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

Pesticide Data

Soil Map Unit(s):

Pesticide	Applic. Rate	Leaching Pot.	Runoff Pot.

Irrigation Water Management

	Yes	No	Notes
Water measurement	<input type="checkbox"/>	<input type="checkbox"/>	_____
Soil moisture monitoring	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rainfall records	<input type="checkbox"/>	<input type="checkbox"/>	_____
ET records	<input type="checkbox"/>	<input type="checkbox"/>	_____
Scheduling	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____