

U.S. DEPARTMENT OF AGRICULTURE
Natural Resources Conservation Service

INTEGRATED CROP MANAGEMENT
Cover Sheet

Producer: _____ Phone No. _____

County: _____

Address: _____

FSA Farm No.: _____ FSA Tract No.: _____

FSA Field Nos.						
Crop						
Previous Crop						
Yield						
Acreage						
Irrigation Method						
Planting Method						

Planned ICM Activities:

- A. Nutrient/Pesticide Applicator Calibration Yes No
If yes, calibration date planned _____ Accomplished _____
- B. Who will schedule irrigations? _____ What method? _____
- C. Pest Scouting Yes No By Whom? _____
- D. Irrigation Water Sampling By Whom? _____
- E. Soil Nutrient Residual Sampling By Whom? _____

This plan meets NRCS practice standards: Pest Management 595 and Nutrient Management 590. Supporting information will be provided to the Soil Conservation Service upon request.

ICM Plan Developed by: _____ Date _____

“I agree to the terms, conditions, and provisions of the ICM plan as prepared in consultation with the assigned technical authority. I agree to follow the ICM plan as prepared. Any deviation without prior authority or approval will cause me to refund all cost-shares/incentives received to date. If deviation from the plan in necessary, it will only be done upon prior approval of the technical authority that prepared this ICM plan.

Chemicals used will be federally, state, and locally approved and will be applied as per label directions.

Completion and Documentation Certification			
_____ Signature of Producer	_____ Date	_____ Signature of Producer	_____ Date
_____ Signature of NRCS Rep.	_____ Date	_____ Signature of NRCS Rep.	_____ Date