

# Soil Health Field Inventory

_____ <i>Producer's Name</i>	_____ <i>County</i>	_____ <i>Acres</i>
_____ <i>Tract Number/Field Number/Field Name</i>	_____ <i>Soil Texture</i>	_____ <i>Planner</i>

Current Crop Year & Crop Rotation: \_\_\_\_\_

## Producer Soil Health Goals

**Number All that Apply : (1 Most Important - 9 Least Important)**

- |  |                                      |
|--|--------------------------------------|
| ___ Supplemental Grazing               | ___ Soil Biological Life             |
| ___ Increased Fertility/Organic Matter | ___ Additional Lasting Residue/Cover |
| ___ Nitrogen Fixing/Cycling            | ___ Weed Suppression/Disease Cycle   |
| ___ Nutrient Capturing                 | ___ Erosion Control                  |
| ___ Compaction Breaking/Deep Roots     | ___ Other: _____                     |

## Environmental or Limiting Factors

*(Circle all that Apply)*

Cover Crop Water Source: Rainfall or Irrigation      Irrigation: Flood/Sprinkler/Pivot/Not Applicable

If Irrigation - How Long will Irrigation Water Last/Month and How Much: \_\_\_\_\_

Desired Cover Crop Growth Timeline in Soil: From: \_\_\_\_\_ to \_\_\_\_\_

*(Check all that Apply)*

- |  |  |
|--|--|
| ___ Short Growing Season                   | ___ Limited Growing Season Between Cash Crops          |
| ___ Cool Climate/High Elevation: _____ ft. | ___ Equipment: _____                                   |
| ___ Hot Climate                            | ___ Cattle <u>Will</u> Graze During First Frost Period |
| ___ Poor Soils- Structure/Function         | ___ Sandy Soils  |
| ___ Poor Soils-Low Fertility               | ___ Heavy Clay Soils                                   |
| ___ Salinity                               | ___ Shallow Soils                                      |
| ___ Sodicity                               | ___ Wet Soils  |
| ___ Saline-Sodic                           | ___ High Nutrient Soils; Nutrient: _____               |
| ___ Calcareous Soils (High Calcium)        | ___ Heavy Weed Pressure; Weed: _____                   |
| ___ Compaction                             | ___ Pest/Disease Pressure; Pest: _____                 |
| ___ Soil Crusting                          | ___ Other(s): _____                                    |

## Current Crop Information

Current Crop: \_\_\_\_\_ Next Planned Crop: \_\_\_\_\_

List All Herbicides Used in the Past 3 Years and Dates Applied: \_\_\_\_\_

Harvest/Termination Date of Current Crop: \_\_\_\_\_

Planting Date of Next Planned Crop (not cover crop): \_\_\_\_\_

## Other Information

*(Circle All that Apply)*

Will this Cover Crop be Grown Year Round in Place of a Cash Crop: Yes No

Will this Cover Crop Be Grazed: Yes No

What Livestock Will Graze this Cover Crop: None, Beef, Dairy, Sheep, Horses, Goats, Swine, Other: \_\_\_\_\_

Desired Cover Crop Termination Method: Winter Kill/Tillage/Herbicide/Crimping/Grazing

Producer Budget in Seed Cost/Acre: <\$20, \$20-\$30, \$30-\$40, \$40-\$60, \$60-\$70, >\$70: \$ \_\_\_\_\_

Specific Cover Crops the Producer Has Interest In: \_\_\_\_\_