

San Joaquin Valley Air Pollution Control District Supplemental Application Form

Conservation Management Practices: GRAPES

Farm Name: _____ CMP Plan Years: _____ to _____
 Table Grape Acreage: _____ Wine Grape Acreage: _____ Raisin Acreage: _____
 Fallow Acreage Last Planted in Grapes: _____

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|--|--|---|--|--|---|--|--|--|--|--|---|---|--|---|---|
| Land Preparation/ Cultivation | <p>Select at least one of the following CMPs. Note: 100% of the total crop acreage must be covered by the selected CMPs.</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Alternate Till, _____ ac</td> <td><input type="checkbox"/> Equipment Change/Tech. Improvements, _____ ac</td> </tr> <tr> <td><input type="checkbox"/> Bed/Row Size or Spacing, _____ ac</td> <td><input type="checkbox"/> Mulching, _____ ac</td> </tr> <tr> <td><input type="checkbox"/> Chemigation/Fertigation, _____ ac</td> <td><input type="checkbox"/> Multiple CMPs in Another Category</td> </tr> <tr> <td><input type="checkbox"/> Combined Operations, _____ ac</td> <td><input type="checkbox"/> Night Farming, _____ ac</td> </tr> <tr> <td><input type="checkbox"/> Conservation Irrigation, _____ ac</td> <td><input type="checkbox"/> Non-Tillage/Chemical Tillage, _____ ac</td> </tr> <tr> <td><input type="checkbox"/> Conservation Tillage, _____ ac</td> <td><input type="checkbox"/> Precision Farming (GPS), _____ ac</td> </tr> <tr> <td><input type="checkbox"/> Cover Crop, _____ ac</td> <td><input type="checkbox"/> Other (approved on a case-by-case basis), _____ ac</td> </tr> </table> <p>Please describe the specifics of the practice(s) chosen above: _____ _____ _____</p> | <input type="checkbox"/> Alternate Till, _____ ac | <input type="checkbox"/> Equipment Change/Tech. Improvements, _____ ac | <input type="checkbox"/> Bed/Row Size or Spacing, _____ ac | <input type="checkbox"/> Mulching, _____ ac | <input type="checkbox"/> Chemigation/Fertigation, _____ ac | <input type="checkbox"/> Multiple CMPs in Another Category | <input type="checkbox"/> Combined Operations, _____ ac | <input type="checkbox"/> Night Farming, _____ ac | <input type="checkbox"/> Conservation Irrigation, _____ ac | <input type="checkbox"/> Non-Tillage/Chemical Tillage, _____ ac | <input type="checkbox"/> Conservation Tillage, _____ ac | <input type="checkbox"/> Precision Farming (GPS), _____ ac | <input type="checkbox"/> Cover Crop, _____ ac | <input type="checkbox"/> Other (approved on a case-by-case basis), _____ ac |
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|--|---|--|---|--|---|--|---|--|---|
| Harvest | <p>Select at least one of the following CMPs. Note: 100% of the total crop acreage must be covered by the selected CMPs.</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Continuous Tray/DOV, _____ ac</td> <td><input type="checkbox"/> Night Harvesting, _____ ac</td> </tr> <tr> <td><input type="checkbox"/> Equipment Change/Tech. Improvements, _____ ac</td> <td><input type="checkbox"/> No Burning (Paper Trays), _____ ac</td> </tr> <tr> <td><input type="checkbox"/> Hand Harvesting, _____ ac</td> <td><input type="checkbox"/> Shuttle System, _____ ac</td> </tr> <tr> <td><input type="checkbox"/> Multiple CMPs in Another Category</td> <td><input type="checkbox"/> Other (approved on a case-by-case basis), _____ ac</td> </tr> </table> <p>Please describe the specifics of the practice(s) chosen above: _____ _____ _____</p> | <input type="checkbox"/> Continuous Tray/DOV, _____ ac | <input type="checkbox"/> Night Harvesting, _____ ac | <input type="checkbox"/> Equipment Change/Tech. Improvements, _____ ac | <input type="checkbox"/> No Burning (Paper Trays), _____ ac | <input type="checkbox"/> Hand Harvesting, _____ ac | <input type="checkbox"/> Shuttle System, _____ ac | <input type="checkbox"/> Multiple CMPs in Another Category | <input type="checkbox"/> Other (approved on a case-by-case basis), _____ ac |
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| Other | <p>Select at least one of the following CMPs. Note: 100% of the total crop acreage must be covered by the selected CMPs.</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Alternate Till, _____ ac</td> <td><input type="checkbox"/> Multiple CMPs in Another Category</td> </tr> <tr> <td><input type="checkbox"/> Bulk Materials Control</td> <td><input type="checkbox"/> No Burning, _____ ac</td> </tr> <tr> <td><input type="checkbox"/> Grinding/Chipping/Shredding, _____ ac</td> <td><input type="checkbox"/> Permanent Crop, _____ ac</td> </tr> <tr> <td><input type="checkbox"/> Integrated Pest Management (IPM), _____ ac</td> <td><input type="checkbox"/> Sulfur, Reduct. or Elimination of Dusting, _____ ac</td> </tr> <tr> <td><input type="checkbox"/> Irrigation Power Units</td> <td><input type="checkbox"/> Surface Roughening, _____ ac</td> </tr> <tr> <td><input type="checkbox"/> Mechanical Pruning, _____ ac</td> <td><input type="checkbox"/> Other (approved on a case-by-case basis), _____ ac</td> </tr> <tr> <td><input type="checkbox"/> Mulching, _____ ac</td> <td></td> </tr> </table> <p>Please describe the specifics of the practice(s) chosen above: _____ _____ _____</p> | <input type="checkbox"/> Alternate Till, _____ ac | <input type="checkbox"/> Multiple CMPs in Another Category | <input type="checkbox"/> Bulk Materials Control | <input type="checkbox"/> No Burning, _____ ac | <input type="checkbox"/> Grinding/Chipping/Shredding, _____ ac | <input type="checkbox"/> Permanent Crop, _____ ac | <input type="checkbox"/> Integrated Pest Management (IPM), _____ ac | <input type="checkbox"/> Sulfur, Reduct. or Elimination of Dusting, _____ ac | <input type="checkbox"/> Irrigation Power Units | <input type="checkbox"/> Surface Roughening, _____ ac | <input type="checkbox"/> Mechanical Pruning, _____ ac | <input type="checkbox"/> Other (approved on a case-by-case basis), _____ ac | <input type="checkbox"/> Mulching, _____ ac | |
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