

## San Joaquin Valley Air Pollution Control District Supplemental Application Form

### Conservation Management Practices: NUT CROPS

Farm Name: \_\_\_\_\_ CMP Plan Years: \_\_\_\_\_ to \_\_\_\_\_  
 Crop Acreage: \_\_\_\_\_

#### Land Preparation/ Cultivation

Select at least one of the following CMPs.

Note: 100% of the total crop acreage must be covered by the selected CMPs.

- |  |   |
|--|---|
| <input type="checkbox"/> Chemigation/Fertigation, _____ ac             | <input type="checkbox"/> Integrated Pest Management (IPM), _____ ac         |
| <input type="checkbox"/> Combined Operations, _____ ac                 | <input type="checkbox"/> Multiple CMPs in Another Category                  |
| <input type="checkbox"/> Conservation Irrigation, _____ ac             | <input type="checkbox"/> Night Farming, _____ ac                            |
| <input type="checkbox"/> Conservation Tillage, _____ ac                | <input type="checkbox"/> Non-Tillage/Chemical Tillage, _____ ac             |
| <input type="checkbox"/> Cover Crop, _____ ac                          | <input type="checkbox"/> Precision Farming (GPS), _____ ac                  |
| <input type="checkbox"/> Equipment Change/Tech. Improvements, _____ ac | <input type="checkbox"/> Other (approved on a case-by-case basis), _____ ac |
| <input type="checkbox"/> Floor Management, _____ ac                    |   |

Please describe the specifics of the practice(s) chosen above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Harvest

Select at least one of the following CMPs.

Note: 100% of the total crop acreage must be covered by the selected CMPs.

- |  |   |
|--|---|
| <input type="checkbox"/> Combined Operations, _____ ac                 | <input type="checkbox"/> Multiple CMPs in Another Category                  |
| <input type="checkbox"/> Conservation Irrigation, _____ ac             | <input type="checkbox"/> Shuttle System, _____ ac                           |
| <input type="checkbox"/> Equipment Change/Tech. Improvements, _____ ac | <input type="checkbox"/> Low-Dust Nut Harvester, _____ ac                   |
| <input type="checkbox"/> Floor Management, _____ ac                    | <input type="checkbox"/> Other (approved on a case by case basis), _____ ac |

Please describe the specifics of the practice(s) chosen above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Other

Select at least one of the following CMPs.

Note: 100% of the total crop acreage must be covered by the selected CMPs.

- |   |   |
|---|---|
| <input type="checkbox"/> Application Efficiencies, _____ ac         | <input type="checkbox"/> No Burning, _____ ac                               |
| <input type="checkbox"/> Bulk Materials Control                     | <input type="checkbox"/> Permanent Crop, _____ ac                           |
| <input type="checkbox"/> Cover Crop, _____ ac                       | <input type="checkbox"/> Reduced Pruning, _____ ac                          |
| <input type="checkbox"/> Grinding/Chipping/Shredding, _____ ac      | <input type="checkbox"/> Surface Roughening, _____ ac                       |
| <input type="checkbox"/> Integrated Pest Management (IPM), _____ ac | <input type="checkbox"/> Wind Barrier, _____ ac                             |
| <input type="checkbox"/> Irrigation Power Units                     | <input type="checkbox"/> Other (approved on a case-by-case basis), _____ ac |
| <input type="checkbox"/> Multiple CMPs in Another Category          |   |

Please describe the specifics of the practice(s) chosen above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_