

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	<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%; border: none;"> <tr> <td><input type="checkbox"/> Chemigation/Fertigation, _____ ac</td> <td><input type="checkbox"/> Integrated Pest Management (IPM), _____ ac</td> </tr> <tr> <td><input type="checkbox"/> Combined Operations, _____ ac</td> <td><input type="checkbox"/> Multiple CMPs in Another Category</td> </tr> <tr> <td><input type="checkbox"/> Conservation Irrigation, _____ ac</td> <td><input type="checkbox"/> Night Farming, _____ ac</td> </tr> <tr> <td><input type="checkbox"/> Conservation Tillage, _____ ac</td> <td><input type="checkbox"/> Non-Tillage/Chemical Tillage, _____ ac</td> </tr> <tr> <td><input type="checkbox"/> Cover Crop, _____ ac</td> <td><input type="checkbox"/> Precision Farming (GPS), _____ ac</td> </tr> <tr> <td><input type="checkbox"/> Equipment Change/Tech. Improvements, _____ ac</td> <td><input type="checkbox"/> Other (approved on a case-by-case basis), _____ ac</td> </tr> <tr> <td><input type="checkbox"/> Floor Management, _____ ac</td> <td></td> </tr> </table> <p>Please describe the specifics of the practice(s) chosen above: _____ _____ _____</p>	<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	
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