Little Blue Natural Resources District

Annual Water Quality Management Report

Operator Name: _____

Address: _____

_____ Zip: _____

OFFICE USE
Tract Number:
Irrigation Well Registration Number:
Total Irrigated acres:
Legal Description: _____

Cropping Information from 2019 Crop Year

Crop(s) Planted in 2019 _____
Actual Yield _____ bushels per acre
Actual Nitrogen Applied _____ lbs/per acre
Chemical(s) Used _____
Irrigation Scheduling Method used _____

2020

Crop(s) you plan on planting on this field in 2020 _____

Yield Goal for 2020 _____

Operator Training Expiration Date
(Sub-Area Rules requires certification training ever 4 years. Read letter for upcoming training options.)

A Soil Sample is required if applying nitrogen to this field with a copy of the results sent to LBNRD office with this report

This report is due by April 1, 2020

I certify that to the best of my knowledge the above information is accurate and correct.

_____ Signature

_____ Date

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