

Annual Soil Quality Management Report



Operator Name: _____

Address: _____

Zip: _____

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 for the 2020 crop year
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