

Part C – Field Specific Evaluation

Member Name: _____ Coalition Member ID#: _____

1. Identify the Parcels and Fields that this survey addresses on the blank lines below. **Fill out a separate survey for parcels/fields with different practices. If vulnerability is unknown at this time, do not check the boxes in Question 1.**

- **SW** High Vulnerability is when a parcel is within an area covered by a Surface Water Management Plan.
- **GW** High Vulnerability is areas having potential for groundwater contamination.

High Vulnerability		Crop	Field ID	Acres	Parcel (APN)
SW	GW				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

2. Irrigation Practices (A secondary system could be used for crop germination, frost protection, crop cooling, etc.).

<u>Primary (check one)</u>	<u>Secondary (if applicable, check one)</u>	<u>Not Irrigated</u>
<input type="checkbox"/> Drip	<input type="checkbox"/> Drip	<input type="checkbox"/> Fallow
<input type="checkbox"/> Micro Sprinkler	<input type="checkbox"/> Micro Sprinkler	<input type="checkbox"/> Dry Farming
<input type="checkbox"/> Sprinkler	<input type="checkbox"/> Sprinkler	
<input type="checkbox"/> Border Strip	<input type="checkbox"/> Border Strip	
<input type="checkbox"/> Furrow	<input type="checkbox"/> Furrow	
<input type="checkbox"/> Flood (Level Basin)	<input type="checkbox"/> Flood (Level Basin)	

3. Irrigation Efficiency Practices (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Laser Leveling | <input type="checkbox"/> Soil Moisture Neutron Probe |
| <input type="checkbox"/> Use of ET in scheduling irrigations | <input type="checkbox"/> Pressure Bomb or other plant moisture feedback device |
| <input type="checkbox"/> Water application scheduled to need | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Use of soil moisture probe (e.g. irrometer or tensiometer) | <input type="checkbox"/> Other _____ |

4. Nitrogen Management Methods to Minimize Leaching Past the Root Zone (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Cover Crops | <input type="checkbox"/> Irrigation Water N Testing |
| <input type="checkbox"/> Split Fertilizer Applications | <input type="checkbox"/> Fertigation |
| <input type="checkbox"/> Soil Testing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Tissue/Petiole Testing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Variable Rate Applications using GPS | <input type="checkbox"/> Do not apply nitrogen |
| <input type="checkbox"/> Foliar N Application | |