

## Great Basin Unified Air Pollution Control District Supplemental Application Form

### Conservation Management Practices: FIELD AND ROW CROPS

Farm Name: \_\_\_\_\_ CMP Plan Years: \_\_\_\_\_ to \_\_\_\_\_  
 Maximum Crop Acreage: \_\_\_\_\_ Crop: \_\_\_\_\_  
 Fallow Acreage Last Planted in Field/Row Crops: \_\_\_\_\_

<b>Category A</b>  <b>Land Preparation/ Cultivation</b>	<p>Select at least one of the following CMPs.                      Note: 100% of the maximum crop acreage must be covered by the selected CMPs.</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Bed/row size or spacing, _____ ac</td> <td><input type="checkbox"/> Equipmt change/tech. imprvmnts, _____ ac</td> </tr> <tr> <td><input type="checkbox"/> Cessation of activities, _____ ac</td> <td><input type="checkbox"/> Multiple CMPs in another category</td> </tr> <tr> <td><input type="checkbox"/> Chemigation/fertigation, _____ ac</td> <td><input type="checkbox"/> Mulching, _____ ac</td> </tr> <tr> <td><input type="checkbox"/> Combined operations, _____ ac</td> <td><input type="checkbox"/> Night farming, _____ ac</td> </tr> <tr> <td><input type="checkbox"/> Conservation irrigation, _____ ac</td> <td><input type="checkbox"/> Non-tillage/chemical tillage, _____ ac</td> </tr> <tr> <td><input type="checkbox"/> Conservation tillage, _____ ac</td> <td><input type="checkbox"/> Transplanting, _____ ac</td> </tr> <tr> <td><input type="checkbox"/> Cross wind stripcropping, _____ ac</td> <td><input type="checkbox"/> Other (special approval reqd.), _____ ac</td> </tr> </table> <p>Description required of the practice(s) chosen above: _____                      _____                      _____</p>	<input type="checkbox"/> Bed/row size or spacing, _____ ac	<input type="checkbox"/> Equipmt change/tech. imprvmnts, _____ ac	<input type="checkbox"/> Cessation of activities, _____ ac	<input type="checkbox"/> Multiple CMPs in another category	<input type="checkbox"/> Chemigation/fertigation, _____ ac	<input type="checkbox"/> Mulching, _____ ac	<input type="checkbox"/> Combined operations, _____ ac	<input type="checkbox"/> Night farming, _____ ac	<input type="checkbox"/> Conservation irrigation, _____ ac	<input type="checkbox"/> Non-tillage/chemical tillage, _____ ac	<input type="checkbox"/> Conservation tillage, _____ ac	<input type="checkbox"/> Transplanting, _____ ac	<input type="checkbox"/> Cross wind stripcropping, _____ ac	<input type="checkbox"/> Other (special approval reqd.), _____ ac
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<input type="checkbox"/> Cross wind stripcropping, _____ ac	<input type="checkbox"/> Other (special approval reqd.), _____ ac														
<b>Category B</b>  <b>Harvest</b>	<p>Select at least one of the following CMPs.                      Note: 100% of the maximum crop acreage must be covered by the selected CMPs.</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Combined operations, _____ ac</td> <td><input type="checkbox"/> Pre-harvest soil preparation, _____ ac</td> </tr> <tr> <td><input type="checkbox"/> Equipment change/tech. improvements, _____ ac</td> <td><input type="checkbox"/> Shed packing, _____ ac</td> </tr> <tr> <td><input type="checkbox"/> Hand harvesting, _____ ac</td> <td><input type="checkbox"/> Shuttle system, _____ ac</td> </tr> <tr> <td><input type="checkbox"/> Multiple CMPs in another category</td> <td><input type="checkbox"/> Other (special approval reqd), _____ ac</td> </tr> <tr> <td><input type="checkbox"/> Night harvesting, _____ ac</td> <td></td> </tr> </table> <p>Description required of the practice(s) chosen above: _____                      _____                      _____</p>	<input type="checkbox"/> Combined operations, _____ ac	<input type="checkbox"/> Pre-harvest soil preparation, _____ ac	<input type="checkbox"/> Equipment change/tech. improvements, _____ ac	<input type="checkbox"/> Shed packing, _____ ac	<input type="checkbox"/> Hand harvesting, _____ ac	<input type="checkbox"/> Shuttle system, _____ ac	<input type="checkbox"/> Multiple CMPs in another category	<input type="checkbox"/> Other (special approval reqd), _____ ac	<input type="checkbox"/> Night harvesting, _____ ac					
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<input type="checkbox"/> Multiple CMPs in another category	<input type="checkbox"/> Other (special approval reqd), _____ ac														
<input type="checkbox"/> Night harvesting, _____ ac															
<b>Category C</b>  <b>Other</b>	<p>Select at least one of the following CMPs.                      Note: 100% of the maximum crop acreage must be covered by the selected CMPs.</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Cover crops, _____ ac</td> <td><input type="checkbox"/> Soil moisture management, _____ ac</td> </tr> <tr> <td><input type="checkbox"/> Fallowing land, _____ ac</td> <td><input type="checkbox"/> Surface roughening, _____ ac</td> </tr> <tr> <td><input type="checkbox"/> Multiple CMPs in another category</td> <td><input type="checkbox"/> Time of disturbance/planting, _____ ac</td> </tr> <tr> <td><input type="checkbox"/> Non-tillage/chemical tillage, _____ ac</td> <td><input type="checkbox"/> Wind barrier, _____ ac</td> </tr> <tr> <td><input type="checkbox"/> Organic practices, _____ ac</td> <td><input type="checkbox"/> Other (special approval reqd), _____ ac</td> </tr> </table> <p>Description required of the practice(s) chosen above: _____                      _____                      _____</p>	<input type="checkbox"/> Cover crops, _____ ac	<input type="checkbox"/> Soil moisture management, _____ ac	<input type="checkbox"/> Fallowing land, _____ ac	<input type="checkbox"/> Surface roughening, _____ ac	<input type="checkbox"/> Multiple CMPs in another category	<input type="checkbox"/> Time of disturbance/planting, _____ ac	<input type="checkbox"/> Non-tillage/chemical tillage, _____ ac	<input type="checkbox"/> Wind barrier, _____ ac	<input type="checkbox"/> Organic practices, _____ ac	<input type="checkbox"/> Other (special approval reqd), _____ ac				
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**Great Basin Unified Air Pollution Control District  
Supplemental Application Form**

**Conservation Management Practices: FIELD AND ROW CROPS  
UNPAVED ROADS AND UNPAVED VEHICLE/ EQUIPMENT AREAS**

Farm Name: \_\_\_\_\_ CMP Plan Years: \_\_\_\_\_ to \_\_\_\_\_  
 Unpaved Road Mileage: \_\_\_\_\_ Unpaved Vehicle/Equipment Areas Acreage: \_\_\_\_\_

**Categories  
D & E**

**Unpaved  
Roads**

If daily vehicle trips are greater than or equal to 75 on unpaved roads, select at least one of the following:

- |   |   |
|---|---|
| <input type="checkbox"/> Dust suppressant, _____ mi | <input type="checkbox"/> Washed gravel, _____ mi                  |
| <input type="checkbox"/> Paving, _____ mi           | <input type="checkbox"/> Water, _____ mi                          |
| <input type="checkbox"/> Road oil, _____ mi         | <input type="checkbox"/> Other (special approval reqd.), _____ mi |

Description required of the practice(s) chosen above: \_\_\_\_\_  
 \_\_\_\_\_

If daily vehicle trips are less than 75 on unpaved roads, select at least one of the following controls:

- |  |   |
|--|---|
| <input type="checkbox"/> Access restriction (public access) _____ mi     | <input type="checkbox"/> Road oil, _____ mi                       |
| <input type="checkbox"/> Chips/mulches, _____ mi                         | <input type="checkbox"/> Speed limit posted, _____ mi             |
| <input type="checkbox"/> Dust suppressant, _____ mi                      | What speed? _____ mph (15 mph or less)                            |
| <input type="checkbox"/> Less than 10 vehicle trips on any day, _____ mi | <input type="checkbox"/> Track out control, _____ mi              |
| <input type="checkbox"/> Organic materials, _____ mi                     | <input type="checkbox"/> Water, _____ mi                          |
| <input type="checkbox"/> Paving, _____ mi                                | <input type="checkbox"/> Washed gravel, _____ mi                  |
| <input type="checkbox"/> Polymers, _____ mi                              | <input type="checkbox"/> Wind barrier, _____ mi                   |
|  | <input type="checkbox"/> Other (special approval reqd.), _____ mi |

Description required of the practice(s) chosen above: \_\_\_\_\_  
 \_\_\_\_\_

**Categories  
F & G**

**Unpaved  
Vehicle/  
Equipment  
Areas**

If average daily vehicle trips (on an annual basis) are  $\geq$  50 on unpaved equipment yards, or if average daily trips (on an annual basis) are  $\geq$  25 by three or more axle vehicles, or if maximum daily trips on any day  $\geq$  150 during a 30 day period or less, select at least one of the following controls.

- |   |   |
|---|---|
| <input type="checkbox"/> Dust suppressant, _____ ac | <input type="checkbox"/> Vegetative material, _____ ac            |
| <input type="checkbox"/> Paving, _____ ac           | <input type="checkbox"/> Washed gravel, _____ ac                  |
| <input type="checkbox"/> Road oil, _____ ac         | <input type="checkbox"/> Water, _____ ac                          |
|   | <input type="checkbox"/> Other (special approval reqd.), _____ ac |

Description required of the practice(s) chosen above: \_\_\_\_\_  
 \_\_\_\_\_

If average daily vehicle trips (on an annual basis) are  $<$  50 on unpaved equipment yards, or if average daily trips (on an annual basis) are  $<$  25 by three or more axle vehicles, or if maximum daily vehicle trips on any day are  $<$  150 during a 30 day period or less, select at least one of the following controls:

- |  |  |
|--|--|
| <input type="checkbox"/> Chips/mulches, _____ ac                         | <input type="checkbox"/> Speed limit posted, _____ ac                              |
| <input type="checkbox"/> Less than 10 vehicle trips on any day, _____ ac | What speed? _____ mph (15 mph or less)   |
| <input type="checkbox"/> Organic material, _____ ac                      | <input type="checkbox"/> Paving, _____ ac <input type="checkbox"/> Water, _____ ac |
| <input type="checkbox"/> Polymers, _____ ac                              | <input type="checkbox"/> Washed gravel, _____ ac                                   |
| <input type="checkbox"/> Restricted access, _____ ac                     | <input type="checkbox"/> Wind barrier, _____ ac                                    |
| <input type="checkbox"/> Road oil, _____ ac                              | <input type="checkbox"/> Other (special approval reqd.), _____ ac                  |

Description required of the practice(s) chosen above: \_\_\_\_\_  
 \_\_\_\_\_