

# Great Basin Unified Air Pollution Control District Supplemental Application Form

**CMP  
B**

## Conservation Management Practices: UNPAVED ROADS AND UNPAVED VEHICLE/ EQUIPMENT AREAS

Farm Name: \_\_\_\_\_ CMP Plan Years: \_\_\_\_\_ to \_\_\_\_\_

Unpaved Road Mileage: \_\_\_\_\_ Unpaved Vehicle/Equipment Areas Acreage: \_\_\_\_\_

### 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 |

Please describe the specifics 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 |

Please describe the specifics of the practice(s) chosen above: \_\_\_\_\_

### 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 |

Please describe the specifics 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                  |

Please describe the specifics of the practice(s) chosen above: \_\_\_\_\_