2019 DNR – SWCP Cover Crop Cost Share Soil Health Information
(Please fill in all spaces)

1. Address__________________________________________________________

2. Telephone(s) ______________________________________________________

3. E-mail address(es) (to receive electronic receipts and reports)________________________

4. County (where sample taken)__________________________________________
   Soil and Water Conservation District (county)___________________________

5. Farm, Tract, and Field Numbers from Conservation Plan____________________

6. Field nickname or identifier for results report (example: Dad’s Back Forty)____________________

7. Circle which best describes the field’s crop rotation over the past 5 years:
   Continuous corn    Continuous soybeans    Corn/soybean    Corn/Soybean/Wheat    Other________________________

8. Circle which best describes the field’s tillage over the past 5 years:
   No Till    Rotational No Till    Reduced/Conservation Tillage    Intensive tillage

9. Circle which best describes the field’s planned crop rotation for the next 5 years:
   Continuous corn    Continuous soybeans    Corn/soybean    Corn/Soybean/Wheat    Other________________________

10. Circle which best describes the field’s planned tillage over the next 5 years:
    No Till    Rotational No Till    Reduced/Conservation Tillage    Intensive tillage

11. Any prior covers crops in this field?    Yes    No    If yes, which years?    2014 2015 2016 2017 2018 2019

12. If in continuous cover crops > 5 years, how many total years in cover crops?________________

13. Has manure been applied over the past 5 years?    Yes    No    If so, what type (swine, cattle, poultry, etc.)?________________________
   How many tons per acre?________________

14. Circle how manure was applied: Surface    Injected    Incorporated    Other________________________

15. Landscape position of samples (Place an X at the position which best fits the sample location)

16. Sampling Date________________________

17. Soil series/soil mapping unit sampled (current USDA-NRCS Soil Survey)

18. Name of person taking sample________________________Which best describes the person taking the sample?
   Farmer/Land Owner    Family Member/employee    Agronomist/Soil Scientist    District Employee

19. Sample Latitude, Longitude (decimal degrees; Ex. 39.74943, -105.020089) Lat.______________Long.______________