2021 (Fiscal Year 2022) DNR – SWCP Cover Crop Cost Share Soil Health Information
(Please fill in all spaces)

1. Name(s)__________________________________________________________

2. Address__________________________________________________________________________________

3. Telephone(s)__________________________________________________________________________________

4. E-mail address(es) (to receive electronic receipts and reports)________________________________________

5. County (where sample taken)____________________________________________Soil and Water Conservation District (county)______________________________

6. Farm, Tract, and Field Numbers from Conservation Plan__________________________________________

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

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

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

10. 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_________________________

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

12. Any prior covers crops in this field? Yes No If yes, which years? 2015 2016 2017 2018 2019 2020

13. If in continuous cover crops > 5 years, how many total years in cover crops? ________________________

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

15. Circle how manure was applied: Surface Injected Incorporated Other ________________________________

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

17. Sampling Date________________________

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

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

20. Sample Latitude, Longitude (decimal degrees; Ex. 39.74943, -105.020089) Lat.________________ Long.________________

July 6, 2020