

Great Basin Unified Air Pollution Control District Supplemental Application Form

Conservation Management Practices: ALFALFA

Farm Name: _____ CMP Plan Years: _____ to _____

Maximum Crop Acreage: _____

Fallow Acreage Last Planted in Alfalfa: _____

Category A	<p>Select at least one additional of the following CMPs. Note: 100% of the maximum crop acreage must be covered by the selected CMPs.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Cessation of activities during high winds, _____ ac <input type="checkbox"/> Chemigation/Fertigation, _____ ac <input type="checkbox"/> Combined operations, _____ ac <input type="checkbox"/> Conservation irrigation, _____ ac <input type="checkbox"/> Equipment change/tech. improvements, _____ ac </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Multiple CMPs in another category <input type="checkbox"/> Night farming, _____ ac <input type="checkbox"/> Non-tillage/chemical tillage, _____ ac <input type="checkbox"/> Soil moisture management <input type="checkbox"/> Other (special approval reqd.), _____ ac </td> </tr> </table> <p>Description required of the practice(s) chosen above: _____ _____ _____</p>	<input type="checkbox"/> Cessation of activities during high winds, _____ ac <input type="checkbox"/> Chemigation/Fertigation, _____ ac <input type="checkbox"/> Combined operations, _____ ac <input type="checkbox"/> Conservation irrigation, _____ ac <input type="checkbox"/> Equipment change/tech. improvements, _____ ac	<input type="checkbox"/> Multiple CMPs in another category <input type="checkbox"/> Night farming, _____ ac <input type="checkbox"/> Non-tillage/chemical tillage, _____ ac <input type="checkbox"/> Soil moisture management <input type="checkbox"/> Other (special approval reqd.), _____ ac
<input type="checkbox"/> Cessation of activities during high winds, _____ ac <input type="checkbox"/> Chemigation/Fertigation, _____ ac <input type="checkbox"/> Combined operations, _____ ac <input type="checkbox"/> Conservation irrigation, _____ ac <input type="checkbox"/> Equipment change/tech. improvements, _____ ac	<input type="checkbox"/> Multiple CMPs in another category <input type="checkbox"/> Night farming, _____ ac <input type="checkbox"/> Non-tillage/chemical tillage, _____ ac <input type="checkbox"/> Soil moisture management <input type="checkbox"/> Other (special approval reqd.), _____ ac		
Category 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%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Combined operations, _____ ac <input type="checkbox"/> Equipment change/tech. improvements, _____ ac <input type="checkbox"/> Green chop, _____ ac <input type="checkbox"/> Large bales, _____ ac </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Multiple CMPs in another category, _____ ac <input type="checkbox"/> Night harvesting, _____ ac <input type="checkbox"/> Shuttle system, _____ ac <input type="checkbox"/> Other (special approval reqd.), _____ ac </td> </tr> </table> <p>Description required of the practice(s) chosen above: _____ _____ _____</p>	<input type="checkbox"/> Combined operations, _____ ac <input type="checkbox"/> Equipment change/tech. improvements, _____ ac <input type="checkbox"/> Green chop, _____ ac <input type="checkbox"/> Large bales, _____ ac	<input type="checkbox"/> Multiple CMPs in another category, _____ ac <input type="checkbox"/> Night harvesting, _____ ac <input type="checkbox"/> Shuttle system, _____ ac <input type="checkbox"/> Other (special approval reqd.), _____ ac
<input type="checkbox"/> Combined operations, _____ ac <input type="checkbox"/> Equipment change/tech. improvements, _____ ac <input type="checkbox"/> Green chop, _____ ac <input type="checkbox"/> Large bales, _____ ac	<input type="checkbox"/> Multiple CMPs in another category, _____ ac <input type="checkbox"/> Night harvesting, _____ ac <input type="checkbox"/> Shuttle system, _____ ac <input type="checkbox"/> Other (special approval reqd.), _____ ac		
Category C	<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%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Conservation tillage, _____ ac <input type="checkbox"/> Cover crop, _____ ac <input type="checkbox"/> Fallowing land, _____ ac <input type="checkbox"/> Multiple CMPs in another category </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Organic practices, _____ ac <input type="checkbox"/> Surface roughening, _____ ac <input type="checkbox"/> Time of disturbance/planting _____ ac <input type="checkbox"/> Other (special approval reqd.), _____ ac </td> </tr> </table> <p>Description required of the practice(s) chosen above: _____ _____ _____</p>	<input type="checkbox"/> Conservation tillage, _____ ac <input type="checkbox"/> Cover crop, _____ ac <input type="checkbox"/> Fallowing land, _____ ac <input type="checkbox"/> Multiple CMPs in another category	<input type="checkbox"/> Organic practices, _____ ac <input type="checkbox"/> Surface roughening, _____ ac <input type="checkbox"/> Time of disturbance/planting _____ ac <input type="checkbox"/> Other (special approval reqd.), _____ ac
<input type="checkbox"/> Conservation tillage, _____ ac <input type="checkbox"/> Cover crop, _____ ac <input type="checkbox"/> Fallowing land, _____ ac <input type="checkbox"/> Multiple CMPs in another category	<input type="checkbox"/> Organic practices, _____ ac <input type="checkbox"/> Surface roughening, _____ ac <input type="checkbox"/> Time of disturbance/planting _____ ac <input type="checkbox"/> Other (special approval reqd.), _____ ac		

Great Basin Unified Air Pollution Control District Supplemental Application Form

Conservation Management Practices: ALFALFA 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 ≥ 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 trips on any day ≥ 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: _____
