



AGRICULTURAL VOLUNTARY INCENTIVES PROGRAM APPLICATION

UTAH NON-POINT SOURCE WATER QUALITY PROGRAM

APPLICANT INFORMATION

OPERATION NAME:	
TYPE OF OPERATION:	
OWNERS:	
ADDRESS:	
CITY, COUNTY, STATE:	
PHONE NUMBER:	
EMAIL:	

OPERATION INFORMATION

ANIMAL TYPE	NUMBERS

How many acres are included in your operation?

CROP	PASTURE	RANGE	HEADQUARTERS

Do you apply manure to fields? Yes No

If yes, approximately how many acres? _____

Do you apply fertilizer to crop fields? Yes No

If yes, approximately how many acres? _____

Has your operation ever had a CNMP (comprehensive nutrient management plan) written?

Yes No

If yes, list the approximate date it was last reviewed? _____



Do you have adequate manure storage and handling capacity? Yes No

If not, what additional improvements are needed? _____

Do you have current (check all that apply)?

Soil Tests: Manure Tests:

Compost Tests: Plant Tissue Tests:

LOCATION INFORMATION

List the nearest water body to your operation: _____

Do any of your crop fields border a water body (i.e. canals, streams, rivers, ponds, lakes)?

Yes No

SIGNATURE

Cooperator: _____ Date: _____

**By signing this application, the applicant verifies that the information provided is correct and accurate to the best of their knowledge.*