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# Annual On-Farm Irrigation & Crop Report

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## Section 1: Farm/Project Information

Organization / Farm Name: \_\_\_\_\_ Project Name : \_\_\_\_\_ Report # & Irrg Year: \_\_\_\_\_  
(eg Report 1 - 2025)

## Section 2: Contact Information

Contact Person (Full Name): \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

## Section 3: Irrigation Season & Measurement

Irrigation Season Start Date: \_\_\_\_\_ Irrigation Season End Date: \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

### Measurement Device Used:

(Please describe the primary device used to measure diversions, e.g., flow meter, weir, flume, timed pump test, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

## Section 4: Water Usage & Acreage

**Was this a “Meter First” Project Phase:**  Yes  No - If Yes only answer Pre-Project Water  
Pre-Project Water Diverted  
Value: \_\_\_\_\_

**How was the Pre-project Diversion Determined?**  
 Flow Meter  Weir / Flume  
 Weir / Flume with Electronic Measurement  
 Based on Water Schedule  Duty Value  
 Other: \_\_\_\_\_

**Select Unit: (Please check one)**

- Acre-Feet (ac/ft)
- Gallons

**Current Year Total Water Diverted:**  
(Enter the total volume of water diverted for the project during the reporting period.)

Value: \_\_\_\_\_

**Select Unit: (Please check one)**

- Acre-Feet (ac/ft)
- Gallons

**Total Acres Irrigated:**

(Enter the total number of acres irrigated using the water reported above.)

Value: \_\_\_\_\_ Acres

## Section 5: System Conditions

**Was your water allocation or system usage under a reduction this season?**

- Yes
- No

**If 'Yes', please explain:**

(Describe the nature of the reduction, the amount/percentage, and the reason, e.g., "Mandatory 25% reduction by canal company," "Voluntary reduction due to drought," "Pump failure," etc.)

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## Section 6: Crop Production

	Main Crop Grown	Yield	Yield Unit (Bu/ac, CWT, Lbs/ac, Small Bales, Tn/ac)
Pre- Project			
Current Year			

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## Section 7: Irrigation Labor

Pre-Project Labor Hours \_\_\_\_\_ Post-Project Labor Hours: \_\_\_\_\_

## Section 8: Certification

I hereby certify that the information provided in this report is true and correct to the best of my knowledge.

**Signature:**

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**Printed Name:**

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**Title:**

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**Date:**

\_\_\_\_\_ (MM/DD/YYYY)