

IRRIGATION AND NITROGEN MANAGEMENT PLAN (INMP) WORKSHEET

Member ID #: _____ Member Name: _____

Was this management unit identified as a statistical outlier by the Coalition last year?
 Yes No

Crop Year (Harvested): _____

PARCEL MANAGEMENT					
Management Unit (MU) or Field	APN	County	Crop	Crop Age (Years)	Irrigated Acres
Total Acres:					

Comments/Notes:

IRRIGATION AND NITROGEN MANAGEMENT PLAN (INMP) WORKSHEET

Member ID: _____ INMP Field or MU: _____ Crop: _____ Total Acres: _____

IRRIGATION MANAGEMENT

1. Irrigation Method*	Pre-Season Planning	
<p>(check one for Primary; if applicable, check one for Secondary)</p> <p>Primary Secondary¹</p> <p><input type="checkbox"/> <input type="checkbox"/> Drip</p> <p><input type="checkbox"/> <input type="checkbox"/> Micro Sprinkler</p> <p><input type="checkbox"/> <input type="checkbox"/> Furrow</p> <p><input type="checkbox"/> <input type="checkbox"/> Sprinkler</p> <p><input type="checkbox"/> <input type="checkbox"/> Border Strip</p> <p><input type="checkbox"/> <input type="checkbox"/> Flood</p>	2. Crop Evapotranspiration (ET, inches)	
	3. Anticipated Crop Irrigation (inches)	
	4. Irrigation Water N Concentration (ppm or mg/L, as NO ₃ -N)	

5. Irrigation Efficiency Practices* (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Laser Leveling
<input type="checkbox"/> Use of ET in scheduling irrigations
<input type="checkbox"/> Water application schedule to need
<input type="checkbox"/> Use of moisture probe (e.g. tensiometer) | <input type="checkbox"/> Soil Moisture Neutron Probe
<input type="checkbox"/> Pressure Bomb
<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____ |
|---|--|

HARVEST / YIELD INFORMATION

Harvest / Yield Information		Expected (A)	Actual (B)
6. Production Unit (lbs, tons, etc.)	7. Harvested Yield*		

NITROGEN MANAGEMENT

8. Nitrogen Efficiency Practices* (Check all that apply)	Nitrogen Sources	Recommended/Planned N (A)	Actual N (B)
<input type="checkbox"/> Split Fertilizer Applications <input type="checkbox"/> Irrigation Water N Testing <input type="checkbox"/> Soil Testing <input type="checkbox"/> Tissue/Petiole Testing <input type="checkbox"/> Fertigation <input type="checkbox"/> Foliar N Application <input type="checkbox"/> Cover Crops <input type="checkbox"/> Variable Rate Applications using GPS <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	9. Soil – Available N in Root Zone (Annualized, lbs/ac)		
	10. N in Irrigation Water* (Annualized, lbs/ac)		
	11. Organic Amendments* (Manure/Compost/Other, lbs/ac estimate)		
	12. Dry/Liquid Fertilizer N* (lbs/ac)		
	13. Foliar Fertilizer N* (lbs/ac)		
	14. TOTAL NITROGEN (lbs/ac)		

¹ A secondary irrigation system could be used for crop germination, frost protection, crop cooling, etc.

*(**Bold Text**) Data to be reported to the Coalition on the INMP Summary Report, based on Actual Yield and Actual N.

Plan Certifier Initials

INMP CERTIFICATION

The person signing this Irrigation and Nitrogen Management Plan (INMP) certifies, under penalty of law, that the INMP was prepared under his/her direction and supervision, that the information and data reported is to the best of his/her knowledge and belief, true, accurate, and complete, and that he/she is aware that there are penalties for knowingly submitting false information. Where the person signing the INMP is not the Member, he/she may rely on the information and data provided by the Member and is not required to independently verify the information and data.

The person signing the INMP below further certifies that he/she used sound irrigation and nitrogen management planning practices to develop irrigation and nitrogen application recommendations and that the recommendations are informed by applicable training for meeting the crop's agronomic needs while minimizing nitrogen loss to surface water and groundwater. Where the person signing the INMP is not the Member, he/she is not responsible for any damages, loss, or liability arising from subsequent implementation of the INMP by the Member in a manner that is inconsistent with the INMP's recommendations for nitrogen application. **This certification does not create any liability for claims for environmental violations.**

Certification:

- Certified INMP Specialist (e.g. Certified Crop Adviser who has completed the CDFA training program)
- Self-Certified by Member who has completed the CDFA training program
- Self-Certified by Member who follows NRCS or UC site-specific recommendations (documentation required)
- I do not apply nitrogen
- I am in a low vulnerability area and do not need to certify my INMP

I, _____, certify this INMP in accordance with the statement above.

_____ (Signature) _____ (Date)

If the certifier is not the Member, the Member additionally agrees as follows:

I, _____, Member, have provided information and data to the certifier above that is, to the best of my knowledge and belief, true, accurate, and complete, that I understand that the certifier may rely on the information and data provided by me and is not required to independently verify the information and data, and that I further understand that the certifier is not responsible for any damages, loss, or liability arising from subsequent implementation of the INMP by me in a manner that is inconsistent with the INMP's recommendations for nitrogen application. I further understand that the certification does not create any liability for claims for environmental violations.

_____ (Signature) _____ (Date)