



IRRIGATION AND NUTRIENT MANAGEMENT PLAN (INMP)

Member Information

Grower Name: _____ Grower VCAILG ID #: _____

Management Unit Information

Management Unit ID*: _____ Crop Year (Harvested): _____

Crop Type*: _____ Crop Age (Perennial only): _____

Was this Management Area identified as a statistical outlier by the Coalition last year?*

Yes No

Does the Member meet the alternative reporting qualifications for "A" only reporting? *

Refer to "A" Only Reporting Qualifications listed in INMP Worksheet Instructions.

Yes No

Does the Member's total farming operation consist of ≤10 acres? *

If yes, INMP certification is not required unless previously identified as an outlier.

Yes No

Parcel Management		
APN*	Operator Field/Block Name	Irrigated Acres*
Total Acres:		

Comments/Notes:

***(Bold Text)** Actuals to be reported to VCAILG on the INMR



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Grower ID: _____ Management Unit ID: _____ Crop: _____ Total Acres: _____

SECTION 1: PRE-SEASON PLANNING		
Irrigation Management	Harvest Projection	
1. Crop Evapotranspiration (ETc, inches)		4. Production Unit* (lbs, tons, etc.)
2. Anticipated Crop Irrigation (inches)		5. Projected Harvest Yield
3. Irrigation Water N Concentration (ppm or mg/L, as NO ³ -N)		
SECTION 2: NITROGEN MANAGEMENT		
	Recommended/ Planned N (A)	Actual Applied N (B)*
Applied Nitrogen Fertilizers		
7. Dry/Liquid Fertilizer N* (lbs/ac)		
8. Foliar Fertilizer N* (lbs/ac)		
Applied Organic Material N		
9. Organic Amendments* (Manure/Compost/Other, lbs/ac estimate)		
Applied Irrigation N		
10. N in Irrigation Water* (lbs/ac)		
Nitrogen Credits		
11. Soil – Available N in Root Zone (lbs/ac)		
Total Nitrogen Recommended/Applied		
12. TOTAL NITROGEN (7+8+9+10) (lbs/ac)	Sum of boxes 7+8+9+10+11	Sum of boxes 7+8+9+10
SECTION 3: HARVEST YIELD		
13. Harvest Yield* (lbs, tons, etc.)	Same as box 5	

*(**Bold Text**) Actuals to be reported to VCAILG on the INMR.

Plan Certifier Initials

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Grower ID: _____ Management Area ID: _____ Crop: _____ Total Acres: _____

SECTION 4: IRRIGATION MANAGEMENT PRACTICES	
14. Irrigation Method	15. Irrigation Source
(check one for Primary; if applicable, check one for Secondary) Primary Secondary ¹ <input type="checkbox"/> <input type="checkbox"/> Drip <input type="checkbox"/> <input type="checkbox"/> Micro Sprinkler <input type="checkbox"/> <input type="checkbox"/> Overhead Sprinkler <input type="checkbox"/> <input type="checkbox"/> Furrow/flood <input type="checkbox"/> <input type="checkbox"/> Hand Watering	(check all that apply) <input type="checkbox"/> Well <input type="checkbox"/> Water Purveyor or Agency <input type="checkbox"/> Recycled Water <input type="checkbox"/> Surface Diversion
16. Irrigation Efficiency Practices	
(check all that apply)	
<input type="checkbox"/> Laser Leveling <input type="checkbox"/> Distribution uniformity testing conducted at least every 3 years <input type="checkbox"/> Use of ET and/or CIMIS data in scheduling irrigations (e.g. atmometer)	<input type="checkbox"/> Use of soil moisture measurement to inform irrigation (e.g. sensor, tensiometer) <input type="checkbox"/> Use of variable speed water pump <input type="checkbox"/> Other: _____
SECTION 5: NITROGEN MANAGEMENT PRACTICES	
17. Nitrogen Efficiency Practices*	18. Nitrogen Application Practices*
(Check all that apply)	(Check all that apply)
<input type="checkbox"/> Irrigation Water N Testing <input type="checkbox"/> Soil residual nitrate testing <input type="checkbox"/> Tissue/Petiole Testing <input type="checkbox"/> Cover Crops <input type="checkbox"/> Other: _____	<input type="checkbox"/> Split Fertilizer Applications <input type="checkbox"/> Fertigation <input type="checkbox"/> Foliar N Application <input type="checkbox"/> Variable Rate Applications within Management Unit <input type="checkbox"/> Other: _____
19. Data Informed Decision Making	
Do you adjust fertilizer applications on this Management Unit based on irrigation water, soil residual, or tissue/petiole testing results?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*(**Bold Text**) Actuals to be reported to VCAILG on the INMR.

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

Plan Certifier Initials



INMP CERTIFICATION

The person signing this INMP certifies, under penalty of law, that the INMP was prepared under their 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 they are aware that there are penalties for knowingly submitting false information. The qualified professional signing the INMP may rely on the information and data provided by the Discharger and is not required to independently verify the information and data.

The person signing the INMP below further certifies that they used sound irrigation and nutrient management planning practices to develop irrigation and nutrient 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 by Certified Crop Adviser or NRCS Technical Service Provider
- Self-Certified by Member who has completed the CDFA training program
- Self-Certified by Member who follows NRCS site-specific recommendations (documentation required)
- Certification not required (Member operating on ≤ 10 acres)

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)