

Office Use Only
Reviewed by W/C: _____
Entered by Initials: _____

Operator _____

Address _____

City/State/Zip _____

Please read and follow instructions carefully for each question. (See reverse side of this form)

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[illegible]

I hereby certify that to the best of my knowledge the information provided on this form is correct.

Signature of Farm Operator

NRD Certification No.

Date _____

Form Completed by: (if other than Operator)

Reminder: Phase II & III/Hastings Wellhead Protection Groundwater Management Area Irrigation Scheduling Form is due April 1, 2023

Reminder: 0-8" soil sample needs to be taken when planting corn in a rotation