

Follow-up Samples (\$70 per sample)
2022-2023 (Fiscal Year 2023) DNR – SWCP Cover Crop Cost Share Sample Form

1. Name(s)(who to address results to) _____
2. Address _____
3. Telephone _____
4. E-mail address(es) (to receive electronic receipts and results) _____
5. District employee email _____
6. County (where sample was taken) _____ Soil and Water Conservation District (county) _____
7. Farm, Tract, and Field Numbers from Conservation Plan _____
8. Field nickname or identifier for results report (Example: Dad’s Back Forty) _____
9. **Sampling Date** _____

10. **Soil series/soil mapping unit** sampled (current USDA-NRCS Soil Survey) _____
11. **Sample Latitude, Longitude** (Example Lat. 38.850320 Long -92.191400) Lat. _____ Long. _____

12. In which **year** was the original soil health sample for the cover crop cost share program? _____

13. Circle which best describes the field’s **crop rotation** since the first year of cover crop cost share:
Continuous corn Continuous soybeans Corn/soybean Corn/Soybean/Wheat Other _____

14. Circle which best describes the field’s **tillage** since the first year of cover-crop cost share:
No Till Rotational No Till Reduced/Conservation Tillage Intensive tillage

15. Describe cover crops on the field for **each growing season**

	Cover Crop Stand/Growth			Species Mix (circle all that apply)				Winter Kill	
	<i>good</i>	<i>poor</i>	<i>none</i>	<i>grass</i>	<i>legume</i>	<i>brassica</i>	<i>other broadleaves</i>	<i>Yes</i>	<i>No</i>
2015									
2016									
2017									
2018									
2019									
2020									
2021									

16. Has **manure** been applied in the last 5 years? (Circle one). Every year Some years 1 year None

17. Name of **person taking sample** _____ Circle which best describes the person taking the sample?
Farmer/Land Owner Family Member/Employee Agronomist/Soil Scientist District Employee