



Agri cul tural Vol untary In centi ves

Program (VI P) Appl i cati on

Utah Non-Poi nt Source Water Quali ty

Pr ogr am

Appl i cant In formati on

Operation Name: _____ Date: _____

Owner Name:

Address of operation:

Address of

applicant: _____

Phone: _____ Email: _____

Operati on In formati on



Type of Operation:

Animal Type & Numbers:

Do you apply manure to fields? Yes No

If yes, approximately how many acres?

Do you apply fertilizer to crop fields? Yes No

If yes, approximately how many acres?

Has your operation ever had a CNMP (comprehensive nutrient management plan) written?

Yes No

If yes, list the approximate date it was last reviewed?

Do you have adequate manure storage and handling capacity? Yes No

If not, what additional improvements are needed?

Do you have current (check all that apply):



Soil Tests:

Manure Tests:

Compost Tests:

Plant Tissue Tests:

Location information

County of Operation:

List the nearest water body to your operation:

Do any of your crop fields border a water body (i.e. canals, streams, rivers, ponds, lakes)?

Yes

No

Signature

Cooperator: _____ Date:

**By signing this application, the applicant verifies that the information provided is correct and accurate to the best of their knowledge.*