San Joaquin Valley Air Pollution Control District
Supplemental Application Form

Conservation Management Practices: ONIONS AND GARLIC

Farm Name: ____________________________  CMP Plan Years: _________ to _________
Maximum Crop Acreage: ________________
Fallow Acreage Last Planted in Onions or Garlic: ________________

Land Preparation/Cultivation
Select at least one of the following CMPs.
Note: 100% of the maximum crop acreage must be covered by the selected CMPs.
☐ Bed/Row Size or Spacing, _____ ac
☐ Chemigation/Fertigation, _____ ac
☐ Combined Operations, _____ ac
☐ Conservation Irrigation, _____ ac
☐ Conservation Tillage, _____ ac
☐ Equipment Change/Tech. Improvements, _____ ac
☐ Mulching, _____ ac
☐ Multiple CMPs in Another Category
☐ Night Farming, _____ ac
☐ Precision Farming (GPS), _____ ac
☐ Transgenic Crops, _____ ac
☐ Transplanting, _____ ac
Please describe the specifics of the practice(s) chosen above:
__________________________________________________________________________
__________________________________________________________________________

Harvest
Select at least one of the following CMPs.
Note: 100% of the maximum crop acreage must be covered by the selected CMPs.
☐ Combined Operations, _____ ac
☐ Equipment Change/Tech. Improvements, _____ ac
☐ Hand Harvesting, _____ ac
☐ Multiple CMPs in Another Category
☐ Night Harvesting, _____ ac
☐ Pre-harvest Soil Preparation, _____ ac
☐ Shed Packing, _____ ac
☐ Shuttle System, _____ ac
☐ Other (approved on a case-by-case basis), _____ ac
Please describe the specifics of the practice(s) chosen above:
__________________________________________________________________________
__________________________________________________________________________

Other
Select at least one of the following CMPs.
Note: 100% of the maximum crop acreage must be covered by the selected CMPs.
☐ Application Efficiencies, _____ ac
☐ Bulk Materials Control
☐ Integrated Pest Management (IPM), _____ ac
☐ Irrigation Power Units
☐ Mulching, _____ ac
☐ Multiple CMPs in Another Category
☐ No Burning, _____ ac
☐ Surface Roughening, _____ ac
☐ Wind Barrier, _____ ac
☐ Other (approved on a case-by-case basis), _____ ac
Please describe the specifics of the practice(s) chosen above:
__________________________________________________________________________
__________________________________________________________________________

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CMP-8
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