

CONSERVATION PRACTICE ADOPTION MOTIVATIONS SURVEY - May 1, 2021

WORKING DRAFT 4

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Space for potential screening questions

Section 1 - Global

1. Have you implemented any of the following crop practices at any time on your operation as it exists today?

^{xxx} 1 Yes - Continue 3 No - Go to Section 2 - Cover Crops on page 5.

- Cover Crops
- Nutrient Management
- Pest Management Conservation System
- No-Till
- Conservation Tillage
- Irrigation Water Management
- Drainage Water Management

2. Are you or have you ever been enrolled in the Conservation Stewardship Program (CSP)?

^{xxx} 1 Yes - Continue 3 No - Go to Item 3 on page 3.

a. Have you received financial assistance through the CSP program for the enhancement of an annual practice?

^{xxx} 1 Yes - Continue 3 No - Go to Section 2 - Cover Crops on page 5.

b. Please fill out the table for the number of acres where you received financial assistance through CSP for applying an enhancement on any of the following practices.

Enhanced Practice Enrolled in CSP	Acres	Percent of Cost Covered by CSP Payment
Cover Crops	xxx	xxx %
Nutrient Management	xxx	xxx %
Integrated Pest Management	xxx	xxx %
No-Till	xxx	xxx %
Reduced Tillage	xxx	xxx %
Irrigation Water Management	xxx	xxx %
Field Border	xxx	xxx %
Filter Strip	xxx	xxx %
Riparian Buffers	xxx	xxx %

3. Have you ever received technical assistance for conservation from any federal, state, local, university or other source?

xxx 1 Yes 3 No

a. How would you rate the accuracy of the following statements about your knowledge of technical assistance availability?

		1. Very Accurate	2. Accurate	3. Neither Accurate nor Inaccurate	4. Inaccurate	5. Very Inaccurate
xxx	I take full advantage of technical assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	I have used technical assistance in the past, but not currently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	I am aware of technical assistance that is available to me but do not participate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	I have tried to enroll for technical assistance but was rejected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	I am not aware of any technical assistance I am eligible to receive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	I have never sought out any form of technical assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. How would you rate the importance of the following factors in your decision to not get technical assistance?

		1. Very Important	2. Somewhat Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx	Did not know about technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Did not see the benefits of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Did not know technical assistance was free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Technical assistance is not available to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Not comfortable in Government practice standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Do not like to work with the federal government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Section 2 - Cover Crops

1. Have you ever used cover crops at any time on any portion of your operation?

^{xxx} 1 Yes - Go to Item 2 3 No - Continue

a. How important were the following in your decision to not use cover crops on your operation?
Complete the table below and then go to Section 3 - Nutrient Management on page 8.

		1. Very Important	2. Somewhat Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
^{xxx}	No conservation need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^{xxx}	Unsuccessful attempts by other farmers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^{xxx}	Cost greater than benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^{xxx}	Too much time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^{xxx}	Difficulty getting technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^{xxx}	Did not receive financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^{xxx}	Financial assistance would not cover enough of the cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Did you use cover crops in 2020?

^{xxx} 1 Yes - Continue 3 No - Go to Item 3

a. What percentage of your cropland had cover crops in 2020? (0-100%)

^{xxx}

 %

i. What type of cover crop was used in 2020? Select one.

- ^{xxx} 1 Single seed type
- 2 Mix of 2 to 5 seed types
- 3 Mix of more than 5 seed types
- 4 Other

ii. What crops were used before and after the 2020 cover crop?

Before ^{xxx} _____
After ^{xxx} _____

iii. Which of the following were used to terminate the 2020 cover crop? Select all that apply.

xxx Herbicide

xxx Tillage

xxx Roller/Crimper

xxx Winter kill

xxx Grazed

xxx Harvested

3. What year did you first use cover crops?

xxx

a. For the first year of cover crops, what proportion of cropland were cover crops used? (0-100%)

xxx	%
-----	---

i. Were cover crops needed to meet a conservation compliance need?

xxx 1 Yes 3 No

b. For the first year, did you receive either of the following?

	Did you receive technical assistance?		Did you receive financial assistance?		How many acres had financial assistance?	Portion of total cost covered by financial assistance
Cover crops	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	xxx %

c. How important were the following in your decision to start implementing cover crops on your operation?

		1. Very Important	2. Somewhat Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx	Addressed conservation need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Used successfully by other farms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Anticipated benefits greater than cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Anticipated saving time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Availability of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Availability of financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Improved water quality/environmental benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Since the first year of cover crop use, have you expanded the percent of cropland in which cover crops are used?

xxx 1 Yes - Continue 3 No - Go to Item 5

a. Did you receive the following for expanding the use of cover crops?

	Did you receive technical assistance?		Did you receive financial assistance?		How many acres had financial assistance?	Portion of total cost covered by financial assistance
Cover crops	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	xxx %

i. How important were the following in your decision to expand cover crops on your operation?

	1. Very Important	2. Somewhat Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx Addressed additional conservation needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Benefits greater than cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Saved time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Improved water quality/environmental benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What year did you last use cover crops?

xxx

If 2019 or earlier, continue, otherwise go to Section 3 - Nutrient Management on page 8.

a. How important were the following in your decision to stop using cover crops?

	1. Very Important	2. Somewhat Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx Did not meet conservation need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Costs were greater than benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Too much time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Technical assistance ended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Financial assistance ended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Financial assistance did not cover enough of the cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3 - Nutrient Management

1. Have you implemented (followed) a written nutrient management plan at any time on any portion of your operation?

xxx 1 Yes - Go to Item 2 3 No - Continue

a. How important were the following in your decision to not use a written nutrient management plan on your operation? Complete the table below and then go to Section 4 - Pest Management on page 11.

		1. Very Important	2. Somewhat Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx	No conservation need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Unsuccessful attempts by other farmers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Cost greater than benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Too much time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Difficulty getting technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Did not receive financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Financial assistance would not cover enough of the cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Did you use a written nutrient management plan in 2020?

xxx 1 Yes - Continue 3 No - Go to Item 3

a. What percentage of your cropland did you use nutrient management in 2020? (0-100%)

xxx	%
xxx	
xxx	%

3. What year did you first implement a written nutrient management plan?

a. For the first year of nutrient management, what proportion of cropland was nutrient management used? (0-100%)

b. For the first year, did you receive either of the following?

	Did you receive technical assistance?		Did you receive financial assistance?		How many acres had financial assistance?	Portion of total cost covered by financial assistance
Nutrient Management Plan	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx %

c. How important were the following in your decision to start implementing a written nutrient management plan on your operation?

		1. Very Important	2. Somewhat Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx	Addressed conservation need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Used successfully by other farms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Anticipated benefits greater than cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Anticipated saving time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Availability of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Availability of financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Improved water quality/environmental benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Since the first year of using a nutrient management plan, have you expanded the percent of cropland in which a nutrient management plan is used?

xxx 1 Yes - Continue 3 No - Go to Item 5 on page 10.

a. Did you receive the following for expanding the use of nutrient management?

	Did you receive technical assistance?		Did you receive financial assistance?		How many acres had financial assistance?	Portion of total cost covered by financial assistance
Nutrient Management Plan	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	xxx %

i. How important were the following in your decision to expand the use of nutrient management on your operation?

		1. Very Important	2. Somewhat Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx	Addressed additional conservation needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Anticipated benefits greater than cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Saved time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Availability of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Availability of financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Improved water quality/environmental benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What year did you last use nutrient management?

xxx

If 2019 or earlier, continue, otherwise go to Section 4 - Pest Management on page 11.

a. How important were the following in your decision to stop using a written nutrient management plan?

		1. Very Important	2. Somewhat Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx	Did not meet conservation need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Costs were greater than benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Too much time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Technical assistance ended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Financial assistance ended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Financial assistance did not cover enough of the cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4 - Pest Management

1. Have you ever followed a written pest management plan at any time on any portion of your operation?

xxx 1 Yes - Go to Item 2 3 No - Continue

a. How important were the following in your decision to not use a pest management plan on your operation?

Complete the table below and then go to Section 5 - Conservation Tillage on page 14.

		1. Very Important	2. Somewhat Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx	No conservation need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Unsuccessful attempts by other farmers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Cost greater than benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Too much time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Difficulty getting technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Did not receive financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Financial assistance would not cover enough of the cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Did you use a pest management plan in 2020?

xxx 1 Yes - Continue 3 No - Go to Item 3

a. What percentage of your cropland did you use pest management in 2020? (0-100%)

xxx

 %

i. Which of the following were included in your pest management plan? Select all that apply.

- xxx Activities to reduce potential drift, runoff, leaching, etc.
- xxx Scouting for pests and using economic thresholds to decide when to apply pesticides
- xxx Use of precision technology such as GPS, variable rate application, or smart sprayers
- xxx Artificial intelligence techniques such as weed sensing or autonomous robotics
- xxx Measures to reduce injury to beneficial organisms and pollinators
- xxx Prevention techniques such as planting resistant varieties/cultivars, cleaning equipment, mulching, creating beneficial insect habitat

3. What year did you first follow a written pest management plan?

xxx

a. For the first year of pest management, on what proportion of cropland was the pest management plan followed? (0-100%)

xxx

 %

b. For the first year, did you receive either of the following?

	Did you receive technical assistance?		Did you receive financial assistance?		How many acres had financial assistance?	Portion of total cost covered by financial assistance
Pest Management Plan	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	xxx %

c. How important were the following in your decision to start following a written pest management plan on your operation?

		1. Very Important	2. Somewhat Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx	Addressed conservation need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Used successfully by other farms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Anticipated benefits greater than cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Anticipated saving time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Availability of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Availability of financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Improved water quality/environmental benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Since the first year of pest management use, have you expanded the percent of cropland in which the pest management plan is used?

xxx 1 Yes - Continue 3 No - Go to Item 5 on page 13.

a. Did you receive the following for expanding the pest management plan?

	Did you receive technical assistance?		Did you receive financial assistance?		How many acres had financial assistance?	Portion of total cost covered by financial assistance
Pest Management Plan	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	xxx %

i. How important were the following in your decision to expand the pest management plan on your operation?

		1. Very Important	2. Somewhat Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx	Addressed additional conservation needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Anticipated benefits greater than cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Saved time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Availability of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Availability of financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Improved water quality/environmental benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What year did you last use a written pest management plan?

xxx

If 2019 or earlier, continue, otherwise go to Section 5 - Conservation Tillage on page 14.

a. How important were the following in your decision to stop using a written pest management plan?

		1. Very Important	2. Somewhat Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx	Did not meet conservation need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Costs were greater than benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Too much time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Technical assistance ended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Financial assistance ended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Financial assistance did not cover enough of the cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5 - Conservation Tillage

1. Have you ever used conservation tillage such as no-till or reduced tillage at any time on any portion of your operation?

^{xxx} 1 Yes - Go to Item 2 3 No - Continue

a. How important were the following in your decision to not use any conservation tillage on your operation?

Complete the table below and then go to Section 6 - Drain Water Management on page 17.

		1. Very Important	2. Somewhat Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
^{xxx}	No conservation need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^{xxx}	Unsuccessful attempts by other farmers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^{xxx}	Cost greater than benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^{xxx}	Too much time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^{xxx}	Difficulty getting technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^{xxx}	Did not receive financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^{xxx}	Financial assistance would not cover enough of the cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Did you use conservation tillage (no-till, reduced tillage) in 2020?

^{xxx} 1 Yes - Continue 3 No - Go to Item 3 on page 15.

a. What percentage of your cropland did you use conservation tillage on in 2020? (0-100%)

^{xxx}	%
----------------	---

i. What type of conservation tillage was used? Select one.

- ^{xxx} 1 No till
 2 Strip till
 3 Reduced tillage (mulch till, ridge till, etc.)
 4 Other conservation tillage

ii. In your crop rotation, how many years did you use regular tillage? Select one.

- ^{xxx} 1 Once
 2 Twice
 3 Three times
 4 Four times
 5 Five or more times

3. What year did you first use conservation tillage practices?

xxx
xxx %

a. For the first year of conservation tillage, what proportion of cropland were the reduced tillage practices used? (0-100%)

i. Was conservation tillage needed to meet a conservation compliance need?

xxx 1 Yes 3 No

b. For the first year, did you receive either of the following?

	Did you receive technical assistance?		Did you receive financial assistance?		How many acres had financial assistance?	Portion of total cost covered by financial assistance
No-Till	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	xxx %
Reduced tillage	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	xxx %

c. How important were the following in your decision to start implementing conservation tillage techniques on your operation?

	1. Very Important	2. Somewhat Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx Addressed conservation need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Used successfully by other farms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Anticipated benefits greater than cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Anticipated saving time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Improved water quality/environmental benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Since your first year of using conservation tillage, have you expanded the percent of cropland in which conservation tillage was used?

xxx 1 Yes - Continue 3 No - Go to Item 5 on page 16.

a. Did you receive the following for expanding the use of conservation tillage practices?

	Did you receive technical assistance?		Did you receive financial assistance?		How many acres had financial assistance?	Portion of total cost covered by financial assistance
No-Till	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	xxx %
Reduced tillage	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	xxx %

i. How important were the following in your decision to expand the conservation tillage practices on your operation?

		1. Very Important	2. Somewhat Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx	Addressed additional conservation needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Anticipated benefits that exceeded costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Saved time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Availability of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Availability of financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Improved water quality/environmental benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What year did you last use any conservation tillage technique?

xxx

If 2019 or earlier, continue, otherwise go to Section 6 - Drain Water Management on page 17.

a. How important were the following in your decision to stop using conservation tillage techniques?

		1. Very Important	2. Somewhat Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx	Did not meet conservation need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Costs were greater than benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Too much time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Technical assistance ended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Financial assistance ended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Financial assistance did not cover enough of the cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 6 - Drain Water Management

1. Have you ever used a drainage water management plan at any time on any portion of your operation?

xxx 1 Yes - Go to Item 2 3 No - Continue

a. How important were the following in your decision to not use a drainage water management plan on your operation?

Complete the table below and then go to Section 7 - Overland Flow Management Practices on page 20.

		1. Very Important	2. Somewhat Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx	No conservation need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Unsuccessful attempts by other farmers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Cost greater than benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Too much time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Difficulty getting technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Did not receive financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Financial assistance would not cover enough of the cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Did you have a written drainage water management plan in 2020?

xxx 1 Yes - Continue 3 No - Go to Item 3

a. What percentage of your cropland did you use drainage water management in 2020? (0-100%) xxx %

3. What year did you first start following a written drainage water management plan? xxx

a. For the first year of drainage water management, what proportion of cropland was covered by the drainage water management plan? (0-100%) xxx %

b. For the first year, did you receive either of the following?

	Did you receive technical assistance?		Did you receive financial assistance?		How many acres had financial assistance?	Portion of total cost covered by financial assistance
Drainage Water Management Plan	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx %

c. How important were the following in your decision to start implementing a drainage water management plan on your operation?

		1. Very Important	2. Somewhat Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx	Addressed conservation need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Used successfully by other farms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Anticipated benefits greater than cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Anticipated saving time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Availability of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Availability of financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Improved water quality/environmental benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Since the first implementation of a drainage water management plan, have you expanded the percent of cropland in which a drainage water management plan is used?

xxx 1 Yes - Continue 3 No - Go to Item 5 on page 19.

a. Did you receive the following for expanding the use of drainage water management?

	Did you receive technical assistance?		Did you receive financial assistance?		How many acres had financial assistance?	Portion of total cost covered by financial assistance
Drainage Water Management Plan	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	xxx %

i. How important were the following in your decision to expand the drainage water management plan on your operation?

		1. Very Important	2. Somewhat Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx	Addressed additional conservation needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Anticipated benefits that exceed costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Saved time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Availability of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Availability of financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Improved water quality/environmental benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What year did you last use a drainage water management plan? xxx

If 2019 or earlier, continue, otherwise go to Section 7 - Overland Flow Management Practices on page 20.

a. How important were the following in your decision to stop using the drainage water management plan?

		1. Very Important	2. Somewhat Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx	Did not meet conservation need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Costs were greater than benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Too much time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Technical assistance ended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Financial assistance ended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Financial assistance did not cover enough of the cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 7 - Overland Flow Management Practices

1. Are any of the following structural practices for overland flow management currently in use on land owned or leased by this operation?

If you answer "No" to all of these questions, continue. If you answer "Yes" to any of these questions, go to Item 2.

Practice	For land owned is the practice in use?		For land leased is the practice in use?	
Terraces	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No
Grassed Waterway	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No
Grade Stabilization	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No
Water and Sediment Basin	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No
Contour Farming	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No

a. How important were the following in your decision to not use any overland flow management structures or practices on your operation?

Complete the table below and then go to Section 8 - Field Edge Improvements on page 23.

		1. Very Important	2. Somewhat Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx	No conservation need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Cost greater than benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Would slow field operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Difficulty getting technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Did not receive financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Financial assistance would not cover enough of the cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Were any overland flow management practices or improvements still in use on leased land in 2020?

xxx 1 Yes - Continue 3 No - Go to Item 2b

a. Do any of your lease agreements require maintenance of the overland flow management structure?

xxx 1 Yes 3 No

b. What percentage of your land (owned and rented) had any overland flow management structure or practices that were still in use in 2020? (0-100%) xxx %

c. For the overland flow management structures currently in use:

Practice	Did this operation install any of these structures?			Did you receive technical assistance for installation?			Did you receive financial assistance for installation?			How many acres had financial assistance?	Portion of total cost covered by financial assistance
	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No		
Terraces	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No		%
Grassed Waterway	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No		%
Grade Stabilization	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No		%
Water and Sediment Basin	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No		%
Contour Farming	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No		%

3. What year was the first installation or upgrade made for overland flow management?

xxx
xxx %

a. For the first year the overland flow management structure was used, what proportion of cropland was designated for the overland flow management practice? (0-100%)

i. Were overland flow structures installed needed to meet a conservation compliance need?

xxx 1 Yes 3 No

b. How important were the following in your decision to install any overland flow management structure on your operation?

		1. Very Important	2. Somewhat Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx	Addressed conservation need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Used successfully by other farms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Anticipated benefits greater than cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Availability of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Availability of financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Improved water quality/environmental benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Since the first installation of any flow management practice, have you installed or ungraded additional overland flow management structures?

xxx 1 Yes - Continue 3 No - Go to Section 8 - Field Edge Improvements on page 23.

a. Did you receive the following for expanding the use of overland flow management practices?

Practice	Did you receive technical assistance?		Did you receive financial assistance?		How many acres had financial assistance?	Portion of total cost covered by financial assistance
	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No		
Grade Stabilization	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	xxx %
Grassed Waterway	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	xxx %
Water and Sediment Control Basin	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	xxx %
Terraces	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	xxx %

i. How important were the following in your decision to expand the overland flow management practices on your operation?

	1. Very Important	2. Somewhat Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx Addressed additional conservation needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Anticipated benefits that exceed costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Saved time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Improved water quality/environmental benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 8 - Field Edge Improvements

1. Are any of the following field edge structures currently in use on land owned or leased by this operation?

If you answer "No" to all of these questions, continue. If you answer "Yes" to any of these questions, go to Item 2.

Practice	For land owned is the practice in use?			For land leased is the practice in use?		
Field Border	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No
Filter Strip	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No
Riparian Buffer	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No

a. How important were the following in your decision to not use any field edge improvement structures or practices on your operation?

Complete the table below and then go to Section 9 - Wetland Conservation Practices on page 26.

		1. Very Important	2. Somewhat Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx	No conservation need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Unsuccessful attempts by other farmers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Cost greater than benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Too much time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Difficulty getting technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Did not receive financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Financial assistance would not cover enough of the cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Were the field edge improvements still in use on leased land in 2020?

xxx 1 Yes - Continue 3 No - Go to Item 2b

a. Do any of your lease agreements require maintenance of the field edge improvement?

1 Yes 3 No

b. What percentage of your land (owned and rented) had any field edge improvements that were still in use in 2020? (0-100%)

xxx	%
-----	---

c. For the field edge improvements currently in use:

Practice	Did this operation install any of these structures?		Did you receive technical assistance for installation?		Did you receive financial assistance for installation?		How many acres had financial assistance?	Portion of total cost covered by financial assistance
	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No		
Field Border	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No		%
Filter Strip	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No		%
Riparian Buffer	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No		%

3. What year was the first installation or upgrade to a field edge?

xxx

a. For the first year that field edge improvements were used, what proportion of cropland was designated for the field edge improvement? (0-100%)

xxx	%
-----	---

b. How important were the following in your decision to install any field edge improvement on your operation?

		1. Very Important	2. Somewhat Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx	Addressed conservation need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Used successfully by other farms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Anticipated benefits greater than cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Anticipated saving time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Availability of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Availability of financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Improved water quality/environmental benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Since the first installation of any field edge improvement, have you installed or upgraded additional field edge improvements?

xxx 1 Yes - Continue 3 No - Go to Section 9 - Wetland Conservation Practices on page 26.

a. Did you receive the following for expanding the use of field edge improvements?

	Did you receive technical assistance?		Did you receive financial assistance?		How many acres had financial assistance?	Portion of total cost covered by financial assistance
	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No		
Field borders	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	xxx %
Filter Strips	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	xxx %
Riparian Buffers	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	xxx %

i. How important were the following in your decision to expand the field edge improvements on your operation?

		1. Very Important	2. Somewhat Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx	Addressed additional conservation needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Anticipated benefits that exceed costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Saved time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Availability of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Availability of financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Improved water quality/environmental benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 9 - Wetland Conservation Practices

1. Is any portion of your operation (owned or leased) subject to any of the following easements or contracts to protect wetlands?

Select all that apply.

- xxx Permanent wetlands reserve easement
- xxx 30 year wetlands reserve easement?
- xxx Conservation Reserve Program (CRP) contract?
- xxx EQIP Contract?
- xxx Wetland mitigation bank?
- xxx Other state or local wetland program?

2. Have either of the following practices ever been installed on your operation to conserve wetlands?

If you answer "No" to all of these questions, continue. If you answer "Yes" to any of these questions, go to Item 3.

Practice	For land owned is the practice in use?		For land leased is the practice in use?	
Restored or enhanced existing wetlands	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No
Created new wetlands	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No

a. How important were the following in your decision to not use any wetland conservation practices on your operation?

Complete the table below and then go to Section 10 - Irrigation Management and System Improvements on page 29.

	1. Very Important	2. Somewhat Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx No conservation need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Unsuccessful attempts by other farmers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Cost greater than benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Too much time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Difficulty getting technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Did not receive financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Financial assistance would not cover enough of the cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Were any wetland conservation practices still in use on leased land in 2020?

- xxx 1 Yes - Continue 3 No - Go to Item 3b on page 27

a. Do any of your lease agreements require maintenance of the wetland conservation practices?

xxx 1 Yes 3 No

b. What percentage of your land (owned and rented) had any wetland conservation practices that were still in use in 2020? (0-100%)

xxx	%
-----	---

c. For the wetland conservation practices currently in use:

Practice	Did this operation install any of these structures?		Did you receive technical assistance for installation?		Did you receive financial assistance for installation?		How many acres had financial assistance?	Portion of total cost covered by financial assistance
	xxx		xxx		xxx			
Restored or enhanced existing wetlands	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No		%
Created new wetlands	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No		%

4. What year was the first installation or upgrade of a wetland conservation practice?

xxx

a. For the first year that wetland conservation practices were used, what proportion of cropland was designated for the wetland conservation practice? (0-100%)

xxx	%
-----	---

b. How important were the following in your decision to install any wetland conservation practice on your operation?

		1. Very Important	2. Somewhat Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx	Addressed conservation need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Used successfully by other farms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Anticipated benefits greater than cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Anticipated saving time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Availability of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Availability of financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Improved water quality/environmental benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Needed to meet conservation compliance need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Since the first installation of any wetland conservation practice, have you installed or upgraded additional wetland conservation practices?

xxx 1 Yes - Continue 3 No - Go to Section 10 - Irrigation Management and System Improvements on page 29.

a. Did you receive the following for expanding the use of wetland conservation practices?

	Did you receive technical assistance?		Did you receive financial assistance?		How many acres had financial assistance?	Portion of total cost covered by financial assistance
Restored or enhanced existing wetlands	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	xxx %
Created new wetlands	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	xxx %

b. How important were the following in your decision to expand the wetland conservation practices on your operation?

	1. Very Important	2. Somewhat Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx Addressed additional conservation needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Anticipated benefits that exceed costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Saved time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Improved water quality/environmental benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 10 - Irrigation Management and System Improvements

1. Have you used any irrigation equipment to irrigate any portion of your land at any time?

xxx 1 Yes - Go to Item 2 3 No - Go to Section 11 - Demographics on page 34.

2. What proportion of your total land was irrigated during 2020?

xxx	%
-----	---

a. Did you follow a written irrigation water management plan in 2020?

xxx 1 Yes - Go to Item 3 3 No - Continue

i. How important were the following in your decision to not follow an irrigation water management plan on your operation?

		1. Very Important	2. Somewhat Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx	No conservation need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Unsuccessful attempts by other farmers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Cost greater than benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Too much time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Difficulty getting technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Did not receive financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Financial assistance would not cover enough of the cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Does your written irrigation water management plan include any of the following? Select all that apply.

xxx Soil moisture monitoring

xxx Weather monitoring

xxx Budget for crop use and evaporation

xxx GPS/Variable rate technology

a. What percentage of your total land did you follow an irrigation water management plan in 2020? (0-100%)

xxx	%
-----	---

b. What year did you first follow an irrigation water management plan?

xxx

c. For the first year using an irrigation water management plan, what proportion of total land was irrigation water management used? (0-100%)

xxx	%
-----	---

i. For the first year, did you receive either of the following?

	Did you receive technical assistance?		Did you receive financial assistance?		How many acres had financial assistance?	Portion of total cost covered by financial assistance		
Irrigation Management Plan	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	%

ii. How important were the following in your decision to start following an irrigation water management plan on your operation?

		1. Very Important	2. Somewhat Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx	Addressed conservation need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Used successfully by other farms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Anticipated benefits greater than cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Anticipated saving time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Availability of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Availability of financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx	Improved water quality/environmental benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Since the first year following an irrigation water management plan, have you expanded the percent of total land in which an irrigation water management plan is used?

xxx 1 Yes - Continue 3 No - Go to Item 5

a. Did you receive the following for expanding your irrigation water management plan?

	Did you receive technical assistance?		Did you receive financial assistance?		How many acres had financial assistance?	Portion of total cost covered by financial assistance
Irrigation Management Plan	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	xxx %

i. How important were the following in your decision to expand the irrigation water management plan on your operation?

	1. Very Important	2. Somewhat Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx Addressed additional conservation needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Anticipated benefits that exceed costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Saved time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Improved water quality/environmental benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What year did you last follow an irrigation water management plan? xxx

If 2019 or earlier, continue, otherwise go to Item 6 on page 32.

a. How important were the following in your decision to stop using the irrigation water management plan?

	1. Very Important	2. Somewhat Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx Did not meet conservation need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Costs were greater than benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Too much time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Technical assistance ended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Financial assistance ended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Financial assistance did not cover enough of the cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Which of the following irrigation systems are in use on your farm?

If no irrigation systems have been installed or upgraded in the last 15 years, go to Item 7 on page 33.

Irrigation System	Cropland owned by this operation		Cropland rented by this operation		Installed New by this operation in the last 15 years		Upgraded by this operation in the last 15 years	
	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
Micro or Drip	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
Sprinkler	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
Gravity or Flood	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
Sub Irrigation	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No

a. For any new installations of irrigation systems or upgrades in the last 15 years, what assistance did you receive?

Irrigation System	Did you receive technical assistance?		Did you receive financial assistance?		How many acres had financial assistance?	Portion of total cost covered by financial assistance
	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No		
Micro or Drip	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx %
Sprinkler	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx %
Gravity or Flood	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx %
Sub Irrigation	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx %

7. Did you install new or upgrade any of the following within your irrigation systems in the last 15 years?

Irrigation Water Supply System	New Installation						Upgrade					
	As part of system upgrade			Not tied to system upgrade			As part of system upgrade			Not tied to system upgrade		
Irrigation pipeline or water conveyance structure (canal, lateral, etc.)	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No
Pumping plant	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No
Water control structure	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No

a. For any new installations of irrigation water supply system or upgrades in the last 15 years, what assistance did you receive?

Irrigation Water Supply System	Did you receive technical assistance?			Did you receive financial assistance?			How many acres had financial assistance?	Portion of total cost covered by financial assistance		
Irrigation pipeline or water conveyance structure (canal, lateral, etc.)	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx		xxx	%
Pumping plant	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx		xxx	%
Water control structure	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx	1 <input type="checkbox"/> Yes	3 <input type="checkbox"/> No	xxx		xxx	%

Section 12 - Demographics

TO BE DECIDED

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Section 13 - Conclusion

Survey Results: To receive the complete results of this survey on the release date, go to: nass.usda.gov/results

To have a brief summary emailed to you, please enter your email address:
1095

Comments related to the information you reported:

Contact Information:

Operation Email: (if different from above)

Operation Phone:

9937	9936 () - _____	check if cell phone <input type="checkbox"/>
------	-------------------------	---

Respondent Name:

Respondent Phone (if different from above)

9912	9911 () - _____	check if cell phone <input type="checkbox"/>	9910	MM	DD	YY
			Date: ____ - ____ - ____			

This completes the survey. Thank you for your help.

OFFICE USE ONLY										
Response		Respondent		Mode		Enum.	Eval.	Change	Office Use for POID	
1-Comp 2-R 3-Inac 4-Office Hold 5-R – Est 6-Inac – Est 7-Off Hold – Est	9901	1-Op/Mgr 2-Spouse 3-Acct/Bkpr 4-Partner 9-Other	9902	1-PASI (Mail) 2-PATI (Tel) 3-PAPI (Face-to-Face) 6-Email 7-Fax 19-Other	9903	9998	9900	9985	9989 _____ - _____ - _____	
									Optional Use	
									9907	9908
S/E Name										