

2024 Cover Crop Application

Taylor County SWCD

Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (Home / Cell) Email: _____

Location of Cover Crops:

Township: _____ Section#: _____

Planned Acres of Cover Crops: _____ Tract#: _____



Signature of Applicant

Date

Please fill this out to help us better understand your goals.

2024 Crop: CORN BEANS OTHER

2025 Crop: CORN BEANS OTHER

Cover Crop of Choice: Rye Wheat Triticale Multi-Specie Mix I don't know

Application Method: Aerial Drill Broadcast

Will the cover crop be grazed or used for livestock? YES NO

Any Additional Goals?:

- | | |
|---|---|
| <input type="checkbox"/> Reduce erosion from wind/water | <input type="checkbox"/> Suppress weeds & break pest cycles |
| <input type="checkbox"/> Increase soil organic matter | <input type="checkbox"/> Provide supplemental forage |
| <input type="checkbox"/> Manage excess nutrients in the soil | <input type="checkbox"/> Improve soil moisture use efficiency |
| <input type="checkbox"/> Promote biological nitrogen fixation | <input type="checkbox"/> Minimize soil compaction |
| <input type="checkbox"/> Increase biodiversity | |

