

Farm Data Collection Sheet

Operator Name:		Date ____/____/____
Operator Address:		Plan period ____/____/____ to ____/____/____
MDA Operator ID:		New plan _____ Plan update _____
Home Phone:	Work Phone:	Maps provided?
Cell Phone:	Barn Phone:	
E-mail:		Best time/method to contact:

Tract #	Farm Name	Tax Account ID #	Total Acres	Acres Farmed	Landowner's Name	Watershed Location Code	Street Address of Land

Plan or program participation:
 Soil conservation plan
 CRP/CREP (indicate on maps)
 Cover Crop cost-share
 EQIP Nutrient Use Efficiency
 MACS cost-share
 Other (specify) _____