

FIELD HISTORY FORM

Name: _____

Document all Crops, Soil Amendments, Fertility Inputs, & Pest and Disease Controls for the last 3 consecutive years and your projected crops/inputs for the coming year. Complete one chart for each field. Please keep in mind that if field sections are managed differently, separate field histories might be required.

Field Name: _____ Physical Address of Field: _____

Is a buffer needed? Yes No If buffer needed, please describe: _____

Field Size Acres: _____ or Square Feet: _____ Last Soil Test Date: _____ Month + Year of Last Prohibited Substance Application: _____

Field Owner's Name _____ (If Field is owned by someone else) Is Landholder Affidavit on file at MCS? Yes No Map on file? Yes No
Is Landholder Affidavit attached? Yes No

Year	Crop(s)	Organic Matter Inputs (Product/Rate/Date)	Fertility Inputs (Product/Rate/Date)	Insect Control (Product/Rate/Date)	Disease Control (Product/Rate/Date)	Weed Control (Product/Rate/Date)
2016						
2017						
2018						
Projected for 2019						