

Arkansas Agricultural Experiment Station

Land Use Request/Work Plan

Information from this form is used to communicate your needs to station personnel,
for record keeping and to provide information for guests that visit the station.

Location of Test: _____ **For:** _____ Spring/Summer _____ Fall/Winter **20** _____

Project Leader: _____ **Department:** _____

Status of Request: _____ Final _____ Preliminary **Funding:** _____ Funded _____ Pending _____ Service Related

(Please circle areas on the form that are not finalized and indicate an estimated date to be final)

Project Short Title: _____ **Project No.:** _____

Short Title for this Test: _____

Objective and Expected Benefit:

Desired Initiation Date (Planting): _____ **Expected Harvest Date:** _____

Years of Test: _____ of _____ **Plot Design:** _____

Field(s) requested (e.g. Fields A1, D3) _____ **Director's Choice:** _____

Total Plot Area: (e.g. plots are four rows 40' wide by 50' long with 3' alley. 24 plots by 4 reps x 1.56 acre, etc.) Also indicate border needed. (E.g. four rows from the edge of the field and 20' of filler on each end). **Attach diagram if needed.**

List Test Treatments: (Be specific):

Land Preparation: (e.g. beds, flat, etc.) **Standard for the crop?** YES _____ NO _____ (If no, please specify.)

Fertilizer Treatment: According to soil test recommendation? YES ____ NO ____ (If no, please specify.)

Pest Control: (Herbicides, Insecticides, etc.) Standard for the crop? YES ____ NO ____ (If no, please specify.)

Irrigation Instructions:

Harvest Method: _____

Crop Disposal: _____

Will Station Personnel Make Treatments? YES ____ NO ____

Samples to be taken by Station Personnel?

Data to be collected by Station Personnel:

Special Instructions:

Project Leader Signature

Date

Approved: _____
Center/Resident Director

Date

Plans due: March 1 for spring or summer tests. August 1 for fall or winter tests. Please make a copy and submit to AAES, University of Arkansas, AFLS E108, Fayetteville, AR 72701.