

DRAFT EQIP Ranking Worksheet

Client Alosi		Date March 22, 2004									
Farm / Tract(s) All		County Butte/S.Custer									
Sign-Up		By Butte/S.Custer LWG									
EQIP Ranking Period FY 2004											
Resource Concerns	Weight Factor (1-25)	CMU 1		CMU 2		CMU 3		CMU 4		CMU 5	
		Score	Score	Score	Score	Score	Score	Score	Score		
1. Soil Erosion - Sheet & Rill Erosion	13	0	0	0	0	0	0	0	0	0	The contract application is very likely to benefit the following resources: T&E Aquatic Species <input type="checkbox"/> 303d listed water body <input type="checkbox"/> TMDL Implementation Watershed <input type="checkbox"/> Critical Drinking Protection Area <input type="checkbox"/> Ground Water Vulnerability Area <input type="checkbox"/> Groundwater Nitrate Priority Area <input type="checkbox"/> Livestock operation <input type="checkbox"/>
2. Soil Erosion - Wind Erosion	10	0	0	0	0	0	0	0	0	0	
3. Soil Erosion - Classic Gully Erosion	7	0	0	0	0	0	0	0	0	0	
4. Soil Erosion -Streambank and/or Shoreline	23	0	0	0	0	0	0	0	0	0	
5. Soil Erosion - Irrigation Induced	12	0	0	0	0	0	0	0	0	0	
6. Soil Condition - Organic Matter Depletion	20	0	0	0	0	0	0	0	0	0	
7. Water Quantity -Inefficient Water Use on Irrigated Land	21	0	0	0	0	0	0	0	0	0	
8. Water Quality- Excessive Nutrients and Organics	18	0	0	0	0	0	0	0	0	0	
9. Air Quality - Particulate mater less than 10 micrometers (PM10)	6	0	0	0	0	0	0	0	0	0	
10. Plant condition - Noxious and Invasive Plants	25	0	0	0	0	0	0	0	0	0	
11. Plant condition: Productivity, Health & Vigor	19	0	0	0	0	0	0	0	0	0	
12.Domestic Animals - Inadequate Quanties and Quality of Feed and/or Water	17	0	0	0	0	0	0	0	0	0	
13. Fish and Wildlife - Inadequate Food/Cover/Water (Aquatics Only)	11	0	0	0	0	0	0	0	0	0	
14. Fish and Wildlife - Inadequate Food/Cover/Water (Terrestrial Only)	8	0	0	0	0	0	0	0	0	0	
15. Soil Condition-Compaction	16	0	0	0	0	0	0	0	0	0	
16. Plant Condition - Forage Quality and Palatability	15	0	0	0	0	0	0	0	0	0	
Number of Resource Concerns		0		0		0		0		0	
Weighted CMU Score											

Average of CMU Scores	
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NOTES:

Producer Signature of Review: _____ **Date:** _____