

# Arkansas Agricultural Experiment Station

## Land Use Request / Work Plan<sup>1</sup>

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 = 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):

\_\_\_\_\_  
\_\_\_\_\_

(Over)

**Fertilizer Treatment:** According to soil test recommendation? Yes\_\_\_\_, No\_\_\_\_ (if no, please specify):

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**Pest Control:** (Herbicides, Insecticides etc.) Standard for the Crop? Yes\_\_\_\_, No\_\_\_\_ (if no, please specify):

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**Irrigation Instructions:** \_\_\_\_\_

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**Harvest Method:** \_\_\_\_\_

**Crop Disposal:** \_\_\_\_\_

**Will Station Personnel Make Treatments?:** Yes\_\_\_\_, No\_\_\_\_

**Samples to be taken by Station Personnel:** \_\_\_\_\_

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**Data to be collected by Station Personnel:** \_\_\_\_\_

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**Special Instructions:** \_\_\_\_\_

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\_\_\_\_\_  
**Project Leader Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Approved:**

**Center/Resident Director**

\_\_\_\_\_  
**Date**

<sup>1</sup>Plans due: **March 1** for spring or summer tests. **August 1** for fall or winter tests. Please make a copy and **submit the original** to the Center/Resident Director