



Completed by:		Date:
Grower/Operation Information:		
	Grower/Operation:	
	Name:	
	Address:	
	City:	
	County:	
	Office Phone #:	
	Cell phone #:	
	Email address:	
Consultant/Company Information:		
	Consultant/Company:	
	Name:	
	Address:	
	City:	
	Office Phone #:	
	Cell phone #:	
	Email address:	
(Note: Business can be attached)		
Irrigation System:		
Water Source_1:		
Water Source_2:		
Water short?:		
Water Analysis:		
Irrigation Sets:		
Irrigation System Type:		
Additional Irrigation Systems Information:		



Field Connect Probe Placement Survey Guide

Soil Survey Map:
Area Photos:
Infrared Photos:
Grid Sampling:
Composite Soil Analysis:
Cropping Pattern:
Field elevation considerations:
Additional Soil Survey Map Information:
Additional Field Considerations
Crop Row Direction:
Crop Row Placement (Placement of unit outside Tractor wheel tracks):
Field Areas of Known Soil Compaction:
Other:
Target Plant Date:
Crop Duration/Harvest Date:
Number of Systems Required:
Additional Sensors:
Additional Information/Comments: