



Producer: _____
 Location: _____
 Farm Name: _____

Project or Contract: _____
 County: _____
 Tract Number: _____

Description of work:

Practice Location: Refer to Conservation Plan Map

The Practice Purpose(s): (check all that apply)

- Reduce soil erosion and sedimentation
- Improve water quality
- Improve air quality
- Enhance wildlife habitat and pollinator habitat
- Improve soil quality
- Manage plant pests

Field Number/Location: _____ Acres Installed: _____ Seeding Date: _____

Site Preparation: _____

Planting Method: _____

Planting Description (e.g., shrubs established on outside edge of area, etc.):

Certify and document installation of conservation practices according to [Title 450, General Manual \(GM\), Part 407](#), and applicable conservation practice Statement of Work (SOW) found in Section IV of the eFOTG.

PRACTICE DESIGN

(Anyone can prepare Implementation Requirements (IR), granted it is reviewed and approved by an individual with appropriate Design JAA)

IR Prepared by (Name & Title): _____ Date: _____ Project JAA Class: _____

(Individuals with appropriate Design JAA can prepare, design, and approve their own work)

Design Approved by (Name & Title): _____ Date: _____ Design JAA Level: _____

(Anyone can review the IR with the Client/Producer, granted it's been approved by an individual with appropriate Design JAA)

Implementation Requirements Reviewed with the Client/Producer on (insert date): _____

Printed Producer Name

Producer Signature

PRACTICE CONSTRUCTION & CERTIFICATION

I. Practice Installation

(Anyone can perform Practice Installations, granted it is performed under the technical supervision of an individual with appropriate C&C JAA)

Pre-Construction/Implementation meeting completed with Client/Contractor on (insert date): _____

Completed By (Name & Title): _____ Date: _____ C&C JAA Level: _____

Implementation TA provided by (Name & Title): _____ Date: _____

Implementation TA provided by (Name & Title): _____ Date: _____

II. On-Site Practice Inspection & Checkout

(Anyone can perform On-Site Practice Inspections & Checkouts, granted it is certified by an individual with appropriate C&C JAA)

Amount Completed: _____ (units) (Note: Take picture(s) and mark As-Built location on practice certification map)

Remarks: _____

Checkout by (Name & Title): _____ Date: _____ C&C JAA Level: _____

III. Construction/Installation Certification

(Only individuals with appropriate C&C JAA can validate and approve Construction/Installation certifications)

This practice meets NRCS standards and specifications: Yes No (If No, state reason(s) in remarks section below).

Remarks: _____

Certification by (Name & Title): _____ Date: _____ C&C JAA Level: _____