



Producer:

Project or Contract:

Location:

County:

Farm Name:

Tract Number:

**Description of work:**

**Practice Location:** Refer to Conservation Plan Map

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

- ☐ Reduce erosion from wind and water.
- ☐ Maintain or increase soil health and organic matter content.
- ☐ Reduce water quality degradation by utilizing excessive soil nutrients.
- ☐ Suppress excessive weed pressures and break pest cycles.
- ☐ Improve soil moisture use efficiency.
- ☐ Minimize soil compaction.

**Seeding and Management:** Fill in the following table with the appropriate cover crop information for each field.

Field #	Acres	Species	Seeding rate (lbs/ac) PLS*)	Seeding date range	Seeding method	Termination date or stage	Termination method

\*To figure Pure Live Seed (PLS) rates, multiply the percent purity by the percent germination. Divide the seeding rate by the percent PLS to find the bulk seed needed per acre. For example: 98% purity X 60% germination = 0.588% PLS 10 lbs/acre X 0.588% PLS = 17 lbs/acre.

**Soil Amendments.** If needed, apply soil amendments prior to seedbed preparation or before seeding if a no-till drill is used.

Field	N fertilizer needed (lbs/acre)	K20 fertilizer needed (lbs/acre)	P205 fertilizer needed (lbs/acre)
Additional specifications:			

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: \_\_\_\_\_