

WHAT IS A COVER CROP?

Grasses, small grains, legumes, forbs, and/or other herbaceous plants established for seasonal cover and conservation purposes.

PURPOSE

- » Improve soil health and condition
- » Improve soil structure/biodiversity
- » Increase soil organic matter
- » Manage excess nutrients in the soil
- » Minimize and reduce soil compaction
- » Promote biological nitrogen fixation
- » Reduce wind abrasion damage
- » Provide supplemental forage
- » Reduce particle emissions
- » Reduce water or wind erosion
- » Soil moisture management
- » Suppress weeds and break pest cycles

PLANNING REQUIREMENTS

Plans and specifications will be prepared for each field. Plans for the establishment of cover crops shall be included in the tables on page three of this job sheet.

OPERATION AND MAINTENANCE

Time the cover crop establishment to maximize competition with weeds and volunteer plants.

Terminate cover crops according to the plan (timing/method) to prevent a negative impact on the next cover crop in the crop rotation.

Evaluate the cover crop to determine if it is meeting the planned purpose(s). If the cover crop is not meeting the intended purpose(s), adjust the current management, change the species of future cover crops, or choose a different establishment and/or termination method.

PLANS AND SPECIFICATIONS

Plans and specifications will be prepared for each field according to planning criteria. Plans for the establishment of cover crops shall include:

- » Field number and acres
- » Species of plant(s) to be established
- » Seeding rates,
- » Seeding dates,
- » Establishment procedure,
- » Rates, timing and forms of nutrient application (if needed)
- » Dates and method of cover crop termination.
- » Other information pertinent to establishing and managing the cover crop such as specifics for haying or grazing planning.



NOTE

For more specific detail, refer to Wisconsin Agronomy Technical Note 7 and Field Office Technical Guide, Section IV, Standard 340, Cover Crop.

Insurance may require additional termination guidelines such as terminating prior to, or within 5 days of plating (pre-emergence).



Cover and Green Manure Crops

Client Name: _____ Planner Name: _____

Practice Purpose: _____

PLANNED PRACTICE LOCATION AND EXTENT

Contract Number	Contract Identification Number (CIN)	Tract Number	Field Number(s)	Acres Contracted	Acres Planned	Actual Acres Applied (NRCS USE ONLY)

*A completed copy of this page must be submitted for a financial assistance payment to be processed.

SEEDING PLAN

ATTENTION: Contact NRCS Prior to making any changes to cover crop species, seeding rate, or seeding date.

Tract No.	Field No.	Acres	Species	Seeding Rate* (lbs./ac)	Total Pounds Seed To Purchase	Seeding Date	Actual Seeding Date	Existing Cover/Crop Type	Seeding Method	Termination Stage/Date	Termination Method



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Project Job Approval Class _____

Design Approval

Designed By:

Date:

Approved By:

Date:

Job Approval Authority:

Client Acceptance

I have reviewed and understand the implementation requirements and agree to complete the work accordingly. Failure to meet these plans and specifications may jeopardize any continued NRCS technical assistance or program cost sharing applied for. I understand that it is my responsibility to secure all necessary permits and licenses, and to complete the work in accordance with all local, state, and federal laws. Modification of these implementation requirements must be approved by the NRCS before installation. I assume all responsibility for negotiations and contract agreements with contractors.

Signature:

Date:

Installation and Certification

The installed practice meets NRCS technical standards and specifications. The "redlined" information reflects any changes made during installation of the practice.

Printed Name:

Date:

Title:

Job Approval Authority:

Signature:

Date:

Notes:

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