

TREE AND SHRUB PLANTING IMPLEMENTATION REQUIREMENTS

OPERATOR _____ ADDRESS _____ PHONE NO. _____
NRD _____ COUNTY _____ SEC. _____ T. _____ R. _____ Tract _____
TYPE OF PLANTING _____ SOIL NAME OR SYMBOL _____
CONS. TREE/SHRUB SUITABILITY GROUP _____

AREA PLANTED

Field #	Width	Length	Sq. Ft.	Acres
Total Ac.				

*PLANNED WEED CONTROL

Between Rows	<input type="checkbox"/> Chemical	<input type="checkbox"/> Mechanical
In The Rows	<input type="checkbox"/> Chemical	<input type="checkbox"/> Mechanical
Planned herbicide applied by	<input type="checkbox"/> Customer	<input type="checkbox"/> Contractor

PLANNED PLANTING METHOD & DATE

	Customer	Contractor	Planting Date(s)
Machine			
Hand			

PLANNED COMPOSITION

ROW #1 is always on north or west side of planting.

*Chemical Weed Control – Refer to product label and current Guide for Weed Management in Nebraska.

Type of Fabric Mulch to be installed: ☐ 6 ft. roll ☐ 3 ft. roll ☐ mats ☐ other _____

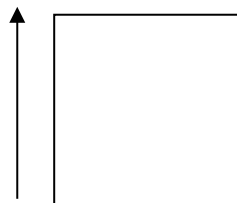
Program: ☐ CRP ☐ NSWCP ☐ EQIP ☐ CSP ☐ NRD ☐ other _____

PLANNED SITE PREPARATION (Describe requirements for site prep. i.e. chemical burndown,

Tillage type, residue removal, etc. and timing of each):

SKETCH OF PLANTING (or attach appropriate plan map)

N Location in Section



Row No.	SPECIES	Fabric Installed (Y) or (N)	Spacing in Rows	Spacing Between Rows	Est. No. Needed	Actual No. Planted
N/A	Adjacent land-use boundary or fence					
Total Number of Trees by Species					Est.	Actual
TOTAL Trees/Shrubs						

TOTAL Linear Feet

Planned

Planted

(OVER FOR REQUIRED SIGNATURES)

Required Check-off Signatures			
Natural Resources Conservation Service (NRCS) Representative or Technical Service Provider (TSP):			
Plan Designed by: _____			Date: _____
Layout by: _____			Date: _____
Planted by: _____	Agency (Name) or Private TSP:		Date: _____
Checked by: _____			Date: _____
3/Certified by: _____	Agency (Name) or Private TSP:		Date: _____
3/ Plans designed for forestry practices 650-Windbreak/Shelterbelt Renovation and 666-Forest Stand Improvement require <u>approval of a professional forester</u> from NRCS, the Nebraska Forest Service (NFS), a Natural Resources District (NRD), or a TSP.			
Producer's Statement:			
The design of this practice has been discussed with me and I concur in the design. I understand no changes are allowed without the approval of the NRCS Representative or the Technical Service Provider.			
Signature: _____			Date: _____
Print Name of Producer: _____			