

Name: _____ Program: _____

Legal Description: _____ County: _____

1. Planting Purpose: _____ Meets Practice Code: _____
(i.e., windbreak/shelterbelt, riparian forest, living snowfence)

2. Site Preparation: Tillage _____ Hand Scalp _____ Chemical _____
Chemical Planned _____ Application Rate _____
Planned Site Prep Date _____ Applied Site Prep Date _____

Notes: _____

3. Planting Methods: Tree Planter _____ Hand Plant _____ Broadcast Seed _____ Drill Seeder _____

Planned Planting Date _____ Applied Planting Date _____

Notes: _____

4. Post Plant Weed Control: Mechanical _____ Chemical _____ Fabric _____

Chemical Planned _____ Application Rate _____

Fabric Planned (ft) _____ Fabric Applied (ft) _____

Planned Weed Control Date _____ Applied Weed Control Date _____

Notes: _____

5. Acres Planted (Includes width of maintenance area adjacent to planting)

Acres Planned _____ Acres Applied _____

Natural Resources Conservation Service (NRCS) Representative or Technical Service Provider (TSP)

Layout by _____ Date _____

Designed by _____ Date _____

Checked by _____ Date _____

Approved by _____ Date _____

Producer's Statement

The design of this practice and operation and maintenance (O&M) have been discussed, and I concur with the design and agree to perform the necessary O&M for the life of the practice. **Changes are not allowed without approval of the NRCS Representative or the TSP.**

Signature _____ Date _____

Attach a copy of an ArcGIS generated conservation plan map denoting field boundary, field number, land use, acres, and north arrow as per National Planning Procedures Handbook, Part 600.31.

