



**Producer:** \_\_\_\_\_ **Project or Contract:** \_\_\_\_\_  
**Location:** \_\_\_\_\_ **County:** \_\_\_\_\_  
**Farm Name:** \_\_\_\_\_ **Farm/Tract Number:** \_\_\_\_\_

**ESIDUE AND TILLAGE MANAGEMENT, NO TILL** Limiting soil disturbance to manage the amount, orientation and distribution of crop and plant residue on the surface year round.

**PURPOSE(S)** (Check at least one and all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Reduce sheet and rill erosion and excessive sediment in surface waters. | <input type="checkbox"/> Reduce energy use.                          |
| <input type="checkbox"/> Reduce tillage-induced particulate emissions.                           | <input type="checkbox"/> Increase plant-available moisture.          |
| <input type="checkbox"/> Maintain or increase soil quality and organic matter content.           | <input type="checkbox"/> Provide food and escape cover for wildlife. |

<b>Brief description of no till management plan and available no till planting equipment.</b>

Field#	Acres	Planned crop(s)	Amount of residue produced by each crop (%surface cover)	List ALL field operations or activities that affect residue cover, residue orientation, or surface disturbance	Operation or activity timing (month)
Attach RUSLE2 report (Use profile output NRCS_Profile_with_SCI_STIR_Fuel_Use_and_Crop_interval_erosion04232015.pro)					
Additional Comments					

**OPERATION AND MAINTENANCE**

Evaluate/measure the crop residues cover and orientation after each crop to ensure the planned amounts and orientation are being achieved.

Adjust management as needed to either plan a new residue amount and orientation or adjust the planting and/or harvesting equipment.

Limited tillage to close or level ruts from harvesting equipment is allowed. No more than 10 percent of the field may be tilled for this purpose.

If there are areas of heavy residue accumulation (because of movement by water or wind) in the field, spread the residue prior to planting so it does not interfere with planter operation.

Additional Comments

**CERTIFICATION STATEMENT:** I certify that implementation of this conservation practice is complete, meets criteria for the stated purpose(s), and meets the NRCS conservation practice standard and specifications.

**Planner / Technical Service Provider:** X \_\_\_\_\_

**Date:** \_\_\_\_\_

**NRCS Use Only**

**Designed By:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approved By:** \_\_\_\_\_ **Date** \_\_\_\_\_