United States Department of Agriculture

Producer: _____   **Project or Contract:** _____

Location: _____   **County:** _____

Farm Name: _____   **Farm/Tract Number:** _____

COVER CROP Grasses, legumes, and forbs planted for seasonal vegetative cover.

PURPOSE(s): (Check at least one and all that apply

☐ Reduce erosion from wind and water.

☐ Maintain or increase soil health and organic matter content.

☐ Minimize soil compaction

☐ Suppress excessive weed pressures and break pest cycles.

☐ Improve soil moisture use efficiency.

☐ Reduce water quality degradation by utilizing excessive soil nutrients. (scavenging)

Brief description of planned cover crop management.

PLANS AND SPECIFICATIONS: *Cover Crop Management* The following table provides cover crop information for each field. Mixtures are described one individual species per line. Add species to total the 100% mix rate.

Field #	Acres	Species	Seeding Rate (lbs/ac)	Seeding Date Range (Table 3)[1]	Seeding Method	Termination Date or Stage	Termination Method

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1. *Seeding date ranges are listed in Table 3 of the Cover Crop 340 Practice Guide.* Use FALL SEEDING DATE for Erosion Reduction Purpose

Field #	Acres	Species	Seeding Rate (lbs/ac)	Seeding Date Range (Table 3)[1]	Seeding Method	Termination Date or Stage	Termination Method

OPERATION AND MAINTENANCE

- Control growth of the cover crop to reduce competition from volunteer plants and shading.

- Control weeds in cover crops by mowing or by using other pest management techniques.

- Control soil moisture depletion by selecting water efficient plant species and terminating the cover crop before excessive transpiration.

- Evaluate the cover crop to determine if the cover crop is meeting the planned purpose(s). If the cover crop is not meeting the purpose(s) adjust the management, change the species of cover crop, or choose a different technology.

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** _____