



329 – Residue and Tillage Management, No Till Implementation Requirements

Producer:

Project or

Contract:

Location:

County:

Farm Name:

Tract Number:



This practice applies to all cropland.

This practice only involves an in-row soil disturbance operation during strip tillage, the planting operation, and a seed row/furrow closing device. There is no full-width soil disturbance performed from the time immediately following harvest or termination of one cash crop through harvest or termination of the next cash crop in the rotation regardless of the depth of the tillage operation.

**Gopher State One Call Utility Service 651-454-0002 or 800-252-1166**

Practice Purpose (check all that apply)

- Reduce sheet, rill and wind erosion.
- Reduce tillage-induced particulate emissions.
- Maintain or increase soil health and organic matter content.
- Reduce energy use.
- Increase plant-available moisture.
- Provide food and escape cover for wildlife.

Description of Work

This practice is being implemented as part of a soil health management system. By applying the Residue and Tillage Management, No-Till (329) practice, you are disturbing the soil as little as possible and keeping the soil covered. Other practices that can be applied as part of a soil health management system are Conservation Crop Rotation (328), Cover Crop (340), Nutrient Management (590) and Pest Management Conservation System (595).

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**Erosion/Tillage/Crop Rotation**

Complete the following table(or, attach the Erosion/Tillage/Crop Rotation printout with the same information):

<b>Planned crops</b>	<b>Amount of residue produced by each crop (lbs/acre or % surface cover)</b>	<b>List ALL fields operations or activities that affect the amount of residue, residue orientation, or surface disturbance</b>	<b>Operation or activity timing (month)</b>

**Amount of Residue and Timing of Residue Cover required to accomplish the purpose(s):**

<b>Planned crop(s)</b>	<b>Amount of residue required (lbs/acre or % surface cover)</b>	<b>Time of year residue must be present (month)</b>

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Soil tillage intensity rating (STIR) value to accomplish purpose(s); must be <20: \_\_\_\_\_

Soil conditioning index (SCI) value to accomplish purpose(s): \_\_\_\_\_

### Additional Required Documentation for Purpose of Increasing Plant-Available Moisture

Maintain a minimum of 60 percent residue cover on the soil surface throughout the year.

**Trapping Snow:** crop stubble height during the time significant snowfall is expected to occur shall be:

At least 10 inches for crops with a row spacing of less than 15 inches.

At least 15 inches for crops with a row spacing of 15 inches or greater.

### Operation and Maintenance

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

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

Limited tillage is allowed to close or level ruts from harvesting equipment. 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.

**Attachments:** Erosion/tillage/crop rotation/fuel printout (e.g., current erosion tool)  
Target species of wildlife, if applicable. (e.g., general wildlife habitat evaluation guide)

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**Practice Specifications Approval and Completion Certification**

**Provided Practice Cost information**

Site-specific cost estimate, or specifications for the producer to develop a cost estimate or obtain the bid themselves.

**Design Installation and Layout Approval**

Designed by: \_\_\_\_\_ Date: \_\_\_\_\_ Job Approval Authority: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Job Approval Authority: \_\_\_\_\_

**Record of Completion and Check Out Certification**

Treated Acres	Date Completed by Client	Date Certified	Approver's Initials

Additional documentation to support practice certification is located in the Case File.

**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.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Job Approval Authority: \_\_\_\_\_

Signature: \_\_\_\_\_

Notes: \_\_\_\_\_