

# Practice Implementation Requirement Sheet

Herbaceous Weed Treatment (Acre) Code 315



Client name: \_\_\_\_\_ County: \_\_\_\_\_  
 Plan name: \_\_\_\_\_ Farm/Tract: \_\_\_\_\_ Field(s): \_\_\_\_\_  
 Contract: \_\_\_\_\_ CIN(s): \_\_\_\_\_

**PURPOSE(s):** check all that apply

- ☐ Enhance accessibility, quantity, and/or quality of forage and/or browse.
- ☐ Restore or release native or create desired plant communities and wildlife habitats consistent with the site potential.
- ☐ Protect soils and control erosion.
- ☐ Reduce fine fuel loads and wildfire hazard.
- ☐ Pervasive plant species are controlled to a desired level of treatment that will ultimately contribute to creation or maintenance of an ecological site description “steady state,” addressing the need for forage, wildlife habitat, and/or water quality.
- ☐ Improve rangeland health.



Job Classes	Control Factors
	Treatment type
Job Class I	One type
Job Class II	Two types
Job Class III	All types

**NRCS will:**

- ☐ Assist producers with a resource inventory to identify the most effective and economical method to control undesirable herbaceous species.
- ☐ Will prepare a planned management design with approved treatments outlined in NRCS Conservation Practice General Specification: Herbaceous Weed Treatment Code 315.
- ☐ Provide technical guidance based on the Herbaceous Weed Treatment standard.
- ☐ Provide the producer a copy of the planned area where herbaceous weed treatments are to be applied on a location map.
- ☐ Provide support documentation and technical assistance with respect to the associated management practice implementation, (i.e. CPS-528 Prescribed Grazing or CPS-645 Upland Wildlife Habitat Management).
- ☐ Certify the installation of the practice upon notification of completion and receipt of documentation, if required, and ensure installed practice meets NRCS practice standard and specifications.

**PARTICIPANT will:**

- ☐ Apply practice in accordance with TX-315 IR provided by NRCS.
- ☐ Notify NRCS prior to practice implementation; contact DIGTESS prior to any soil disturbing treatments and follow guidance to avoid utility issues; and provide confirmation number: \_\_\_\_\_
- ☐ Notify NRCS upon completion of practice implementation.
- ☐ Provide any documentation required for NRCS to certify the conservation practice.
- ☐ Provide required maintenance to ensure the function of the practice as designed.
- ☐ Implement the respective management practice requirements as recommended (i.e. CPS-528 Prescribed Grazing or CPS-645 Upland Wildlife Habitat Management).

[illegible]

☐ **Mechanical: 315 General Specification, pages 2-3**

☐ Plowing      ☐ Disking      ☐ Dragging      ☐ Hand grub      ☐ Mowing/Shredding

**Description of work:**

ACRES planned: \_\_\_\_\_ **\*applied:** \_\_\_\_\_ DATE started: \_\_\_\_\_ completed: \_\_\_\_\_

**Other needed activity**

Grazing deferment (days): \_\_\_\_\_ Planting: ☐ Range    ☐ Forage & Biomass    ☐ Other

☐ **Chemical: 315 General Specification, pages 2-3**

☐ Aerial broadcast      ☐ Ground broadcast      ☐ Individual plant treatment (IPT)

**Description of treatment:**

**Reference utilized:** ☐ ERM-1466      Date on Publication: \_\_\_\_\_ Page(s): \_\_\_\_\_  
☐ ESC-024      Date on Publication: \_\_\_\_\_ Page(s): \_\_\_\_\_  
☐ EWF-004      Date on Publication: \_\_\_\_\_ Page(s): \_\_\_\_\_  
☐ MP533      Date on Publication: \_\_\_\_\_ Page(s): \_\_\_\_\_  
☐ Other: \_\_\_\_\_

ACRES planned: \_\_\_\_\_ **\*applied:** \_\_\_\_\_ **DATE** started: \_\_\_\_\_ completed: \_\_\_\_\_

**Other needed activity:** Grazing deferment (days): \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Soil temperature at time of spraying at a minimum depth of 12 inches on coldest significant site in area to be sprayed is at least 75° F?    ☐ Yes    ☐ No

Chemical brand name and symbol: \_\_\_\_\_ Chemical: \_\_\_\_\_ lb/acre

Diesel or fuel oil: \_\_\_\_\_ gal/ac      Emulsifier (if appl.): \_\_\_\_\_      Water: \_\_\_\_\_ gal/ac

Kind and make of equipment: \_\_\_\_\_ Swath width: \_\_\_\_\_

Discharge specifications:

Application Data								
Date	Time		Air Temp		Wind direction & speed		Humidity High or Low	Remarks on Application
	Start	End	Start	End	Start	End		

Fill in above table each day and if significant changes warrant during any one day. If needed, use additional pages.

**Certification by Applicator:**

I/We, the above named applicator, hereby certify the information recorded on this form is true and correct and that application of all materials was made in accordance with NRCS standard and specifications.

Signed: \_\_\_\_\_

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

**I certify the implementation of this conservation practice is complete and meets NRCS conservation practice standard and specifications. This practice will meet the intended purpose and should last the expected lifespan.**

\_\_\_\_\_  
**Planner**

\_\_\_\_\_  
**ESJAA**

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

