

| Participant: | Agreement #: (N/A) | |
|-----------------------|---|--|
| Location / County: | Total Acres or 1,000 sq ft Planned: | |
| Tract / Field(s): | | |

Location Map

Attach map(s) showing location(s) of the planned practice.

Description of work:

The Practice Purpose(s): (check all that apply)

- $\hfill\square$ Reduce erosion from wind and water
- □ Maintain or increase soil health and organic matter content`
- \Box Reduce water quality degradation by utilizing excessive soil nutrients
- $\hfill\square$ Suppress excessive weed pressures and break pest cycles
- □ Improve soil moisture use efficiency
- □ Minimize soil compaction

Planting Information

| Method of seeding/planting: | |
|------------------------------|--|
| Seeding Date Range: | |
| Seeding Depth: | |
| Inoculant Information: | |
| Other notes (e.g., rotation | |
| information, seed coating, | |
| management info, etc.) | |
| Termination Date and Method: | |
| | |
| | |

340 – Cover Crop Implementation Requirements

| Species | Rate (PLS) □ Ibs./ac or □ oz/1,000 sq ft | Notes (crop type or other info) |
|---------|--|---------------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| Total | | |

| Field Specifications | | | |
|----------------------|------------|-------------------------|--|
| Field | Field Size | Total Seed Needed (PLS) | |
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Additional Information:

Operation and Maintenance

| | 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. |
| | Verify seed quality and adjust seeding rates to achieve the PLS #/Ac. A copy of the seed tag(s) |
| | must be provided to NRCS along with quantities used of each seed. |
| | Inspect and calibrate equipment prior to use. Continually monitor equipment during planting |
| | to ensure proper rate, distribution and depth of planting material is maintained. |
| | Follow NRCS Cover Crop Termination Guidelines. |
| | https://www.nrcs.usda.gov/sites/default/files/2023-03/cover-crops-termination-guidelines-designed-v4-2019-updated.pdf |
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340 – Cover Crop Implementation Requirements

NRCS Representative Use Only

JAA Class: _____

| Designed By: | JAA: | Date: | |
|--------------|------|-------|--|
| Checked By: | JAA: | Date: | |
| Approved By: | JAA: | Date: | |

Practice Certification:

| Agreement #: | |
|-------------------|--|
| Item #(s): | |
| Extent Applied: | |
| Date Implemented: | |

I certify that :

[Choose one of the following]

□ The practice meets NRCS standards and specifications and was applied in accordance with the NRCS-MI CPS Cover Crop (Code 340). Document changes to plan or show on map:

□ The practice does not meet NRCS standards and specifications, and does not meet the NRCS-MI CPS Cover Crop (Code 340), due to the following deficiencies:

NRCS Representative (with appropriate JAA) Date