

Name: _____ Date: _____ Ident. No.: _____

Legal Desc.: _____ Field No.: _____ County: _____

Critical wind erosion management periods: from _____ to _____

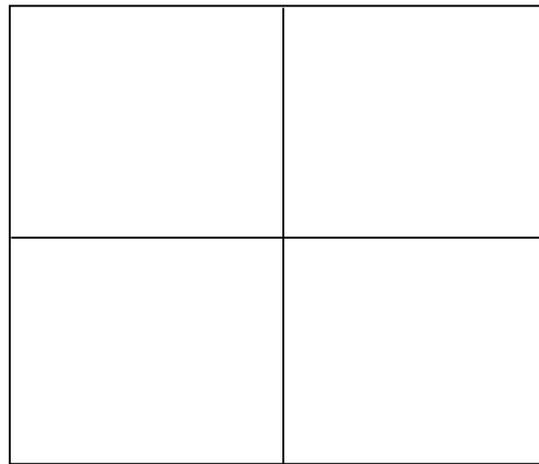
Prevailing wind direction during critical wind erosion management period: _____

(I) Dominant soil series: _____
 Soil erodibility factor: _____
 Soil loss tolerance: _____ (T/AC/YR)
 Knoll erodibility adjusted ("I"): _____

(K) Soil ridge roughness factor "Krd": _____
 Row direction _____
 Ridge height _____
 Ridge width _____

(C) Climatic factor: _____

Location map: Import ArcView image, reference conservation plan map, or provide a sketch denoting field boundary, field number, land use, acres, and scale used.



Scale _____

(L) Total field width (unsheltered distance): _____ (ft) Field orientation (N-S, E-W, etc.): _____

	Year	Crop	Width	Percent cover		Year	Crop	Width	Percent cover
Strip #1					Strip #3				
Strip #2					Strip #4				

Predicted soil erosion (before) T/AC/YR: _____ (after) T/AC/YR: _____

Notes: (Use arrow key to move to the next line.)

Legal Desc.: _____

Technical Service Provider

Layout by Date

Designed by Date

Checked by Date

Approved by Date

Producer's Statement

The design of this practice has been discussed with me, and I concur with the design. **No substitutions are allowed without the approval of the technical service provider.**

Signature Date

Certification

This applied practice meets Kansas standards and specifications.

Technical Service Provider Date

This practice has been applied as designed.

Producer Date