

USDA CRITICAL AREA PLANTING

Conservation Practice Jobsheet

342

Natural Resources Conservation Service (NRCS)

August 2009

Landowner _____



WHAT IS CRITICAL AREA PLANTING

The establishing of permanent vegetation on sites that have or are expected to have high erosion rates, and on sites that have physical, chemical, or biological conditions that prevent the establishment of vegetation with normal practices

PURPOSE

This practice may be applied to accomplish one or more of the following:

- Stabilize area with existing or expected high rates of soil erosion by water.
- Restore disturbed or degraded sites that cannot be stabilized through normal methods.
- Stabilize coastal areas, such as sand dunes and riparian areas.

CONDITIONS WHERE PRACTICE APPLIES

On areas with existing or expected high rates of erosion or degraded sites that usually cannot be stabilized by ordinary conservation treatment and/or management, and if left untreated, could

be severely damaged by erosion or sedimentation or could cause significant off-site damage.

RESOURCE MANAGEMENT SYSTEM

Critical area planting is used as a component of a resource management system that is applied with other practices such as mulching, diversions, waterways, and structures for water holding or control. Critical area plantings take into consideration what the function or use of the site will be following establishment.

PRACTICE SPECIFICATIONS

Practice specifications are provided to assure that critical area planting meets the resource needs and producer's objectives.

Specifications for the establishment of this practice shall be prepared for each field or treatment unit according to the Criteria and Considerations described in the standard.

CRITICAL AREA PLANTING – SPECIFICATIONS SHEET

Landowner/Cooperator _____

Field Office _____

Plan Number _____ Location _____

Field Area (ac) _____ Treatment Area (ac) _____ Precipitation (inches) _____

Purpose/Objective of the Practice (Check all that apply)	
	Stabilize areas with existing or expected high rates of soil erosion by water
	Restore disturbed or degraded sites that cannot be stabilized through normal methods
	Stabilize coastal areas, such as sand dunes and riparian areas
	Other _____

Site Conditions			
Site Treatment	Area (sq ft) (ac)	Date Planned	Date Applied
Temporary Cover			
Permanent Cover			
Tree and Shrub Planting			
Sod Used			
Mulch Used			

Plant Materials for Temporary Cover Cultivar and Species – see note below	Full Seeding Rate lb/ac (PLS or Bulk)	Planned % of Seeding Mix	Planned Area	Treatment Area Total lbs Seed Needed (Bulk or PLS)
Totals				

Note – Planner may attach copy of “Louisiana Seed Mixture Worksheet” if used to figure mixture for temporary cover.

Plant Materials for Permanent Cover Cultivar and Species – see note below	Full Seeding Rate lb/ac	Planned % of Seeding Mix	Planned Area	Treatment Area Total lbs Seed Needed (Bulk or PLS)
Totals				

Note – Planner may attach copy of “Louisiana Seed Mixture Worksheet” if used to figure mixture for temporary cover.

Tree and Shrub Planting (Species)	Area (sq ft) (ac)	Spacing (ft X ft)	Number Needed	Date Planted

Sod Used (Species)	Area (sq ft) (ac)	Date Applied	Anchors Used (stakes, staples, netting)

Mulch Used (Type)	Area (sq ft) (ac)	Date Applied	Method Applied

Critical Area Site Preparation and Establishment		
	Site One	Site Two
Site Preparation Activities:		
Planting/Seeding Method:		
Nutrient and Pest Management Planned:		

Soil Amendments and Fertilization

Soil Test Taken		Soil pH from Soil Test	
Other Important Factors (i.e., salinity, iron, etc.)			

	Low	Medium	High
Phosphorus			
Nitrogen			
Potassium			

Site Conditions for Planning Critical Area Establishment

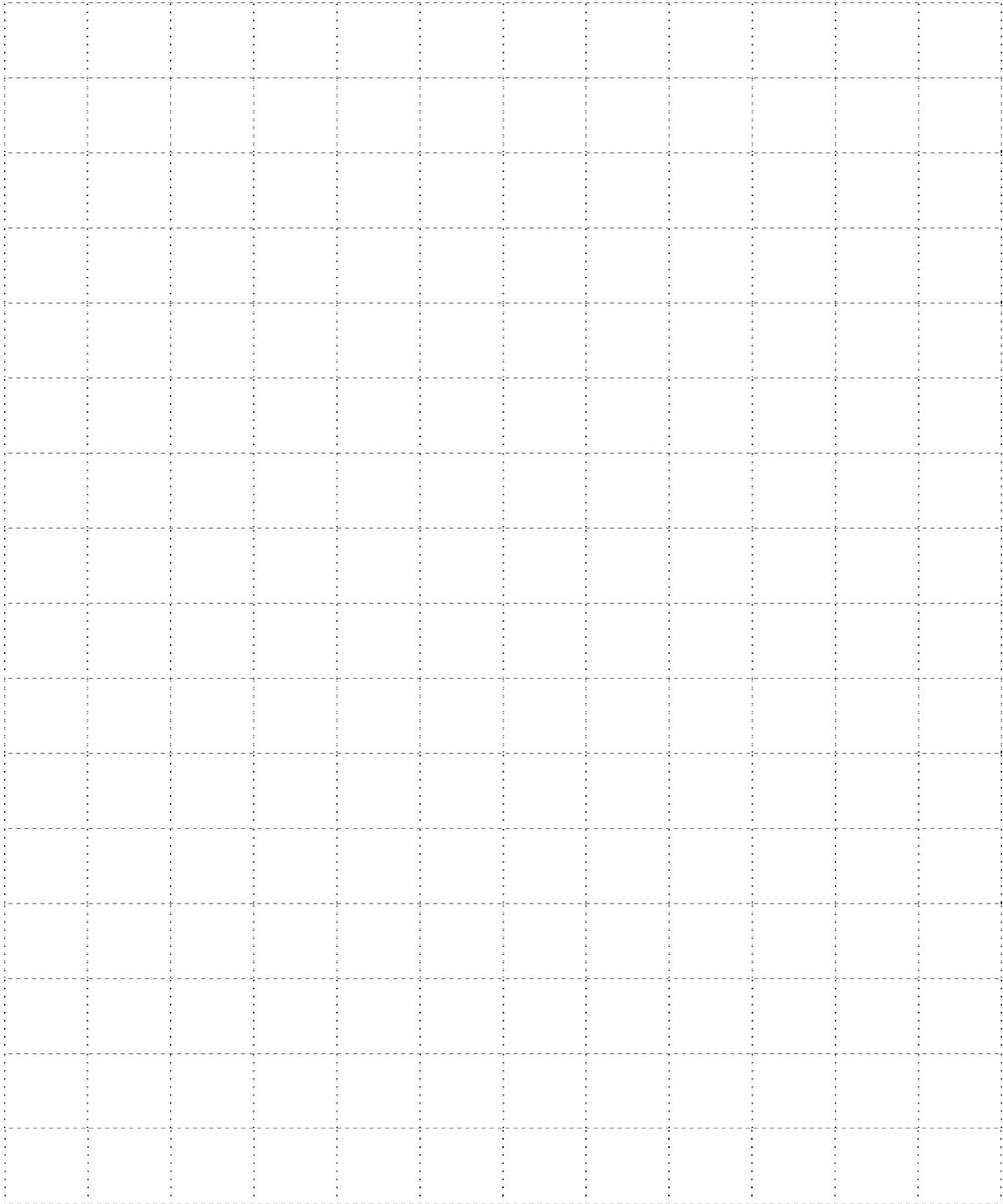
	Strip One	Strip Two
Dominant Soil Series		
Representative Slope %		
Existing Vegetation Present		
Erosion Problems		
Fertility Requirements		

Operation and Maintenance

Item	Year 1 – Area Treated and ID Method Used	Year 2 – Area Treated and ID Method Used	Year 3 – Area Treated and ID Method Used	Year 4 – Area Treated and ID Method Used
Re-seed or re-plant if adequate ground cover (50%) is not obtained in the second growing season				
Protect site from disturbances such as grazing, fire, vehicle traffic, and pests as long as necessary to stabilize the site				
Weed Control – chemical, mechanical				
Habitat Manipulation After Establishment – disking, inter-seeding, thinning				

If applicable, provide a site view of the practice design and application in area below or as an attached diagram. Location of other relevant information and complimentary practices may be included.

Scale 1"= _____ ft. (NA indicates sketch not to scale: grid size=1/2" by 1/2")



Additional Specifications and Notes

Client's Acknowledgement (To be signed after jobsheet completed and before practice installation)

By signing below, I acknowledge that I:

- have reviewed the site specific installation, operation and maintenance requirements in this jobsheet and have an understanding of them;
- will install, operate, and maintain the conservation practice in accordance with the requirements;
- will make no changes to the requirements, without prior written approval of the Natural Resources Conservation Service (NRCS);
- will obtain all necessary permits and/or rights, and comply with all ordinances and laws pertaining to the installation, operation, and maintenance of the conservation practice, prior to the start of installation; and
- will assume responsibility for notifying all utilities affected by the installation, operation, and maintenance of the conservation practice.

Signature _____

Date _____

Practice Design Certification (To be completed after jobsheet is complete and before practice installation)

By signing below, I certify that:

- the site specific requirements for the installation, operation, and maintenance of the practice on the client's treatment unit, as recorded in this jobsheet, have been prepared in accordance with the 342 Critical Area Planting Standard.

Signature _____

Date _____

Practice Installation Certification (To be completed after practice installation and check out)

By signing below, I certify that:

- The practice has been installed according to the site specific installation requirements

Signature _____

Date _____

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NRCS, LA
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