

SEASONAL HIGH TUNNEL SYSTEM FOR CROPS CODE 798

Maryland Conservation Practice Implementation Requirements and Certification

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|----------------------------|---|----------------|---------------------------------|
| Cooperator Name | County | Planner | Date |
| Farm/Tract/Field(s) | Program/Contract No. (if applicable) | | Amount Planned SF |

| | | |
|---|---|----------------------|
| Purpose | | |
| Improve plant quality | Improve soil quality | |
| Reduce nutrient and pesticide transport | Improve air quality through reduced transportation inputs | |
| Reduce energy use through local consumption | | |
| Associated Practices (must be implemented in combination with this practice) | | |
| | | |
| Style (gothic or quonset) | Manufacturer | |
| Length | Width | Center Height |
| Construction | | |
| <ul style="list-style-type: none"> • It is the responsibility of the landowner or operator to contact Miss Utility at 1-800-257-7777 (or dial 811) at least 2 business days in advance of construction to locate and mark underground utilities. • Assemble high tunnel according to manufacturer's instructions. | | |
| Additional Specifications | | |
| | | |

OPERATION AND MAINTENANCE

- Periodically inspect structure and cover for damage. Reinstall or repair promptly.
- Follow manufacturer's instructions for operation and maintenance of the high tunnel structure.
- Avoid damage to structure from equipment operated in and around the seasonal high tunnel.
- Inspect runoff control measures after every significant rainfall event. Repair promptly.
- Remove or manage snow/ice loads immediately to ensure integrity of the structure.
- Remove and store the plastic cover after the growing season and before heavy snow/ice to avoid damage to the structure. Re-install the cover prior to use in the spring.

- Owners will be responsible for repairing any damage to the high tunnel caused by operating equipment, failure to manage snow/ice loads, or failure to remove the cover in a timely manner before heavy snow/ice accumulation.

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| <p>Additional Operations and Maintenance</p> |
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| CERTIFICATION (FOR AGENCY USE ONLY) | |
|---|--|
| Supporting Documentation (for file) | |
| Map showing practice location | Associated practice IR sheets |
| <p>Planning Certification</p> <p>This practice was planned according to NRCS standards and specifications.</p> <p style="text-align: center;">Job Class: _____</p> | <p>Implementation Certification</p> <p>This practice was applied according to NRCS standards and specifications.</p> <p style="text-align: center;">Amount: _____ Date: _____</p> |
| <p>_____ Signature by individual with appropriate JAA Date</p> | <p>_____ Signature by individual with appropriate JAA Date</p> |
| Reporting Checklist | |
| CPA-06 Notes | Report in Toolkit |
| File copy of completed IR sheet | Other reporting tools (optional) |

**COOPERATOR RECORD-KEEPING
(Optional)**

Cooperator Name and Address: _____

| Crop Type | Crop Year | Yield | Nutrients (Fertilizer) | | | Pesticide | | |
|-----------|-----------|-------|------------------------|------|--------------|-----------|------|--------------|
| | | | Type | Rate | Date Applied | Name | Rate | Date Applied |
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