

PRESCRIBED GRAZING (528) CONSERVATION PRACTICE DOCUMENTATION WORKSHEET

AFTERMATH GRAZING OF HAYLAND OR CROPLAND

CLIENT/OPERATING UNIT: _____ LOCATION: _____

FARM NO. _____ TRACT: _____ FIELD/PASTURES(S): _____ ACRES _____

PROGRAM: _____ CONTRACT NO. | ITEM No.: _____ | JOB APPROVAL CLASS _____

PURPOSE (check one or more of the purposes listed below)

- Provide or maintain food, cover, and shelter for animals of concern,
- Maintain or improve animal health and productivity,
- Attain grazing and management efficiency to promote economic stability and meet resource improvement objectives.

FORAGE INVENTORY

KIND OF RESIDUAL FORAGE TO BE GRAZED (i.e., alfalfa hay, corn stover, sudangrass hay):

Form NV-ECS-01 is used to record cropland or hayland "after harvest" stand composition (species by weight) and usable forage production.

NV-ECS-01(s): Attached In Case File

PRODUCTION DATA [ECS-RANGE-417]:

Not Available In Case File

OTHER (list): _____

Attached In Case File

SUMMARY FORAGE & ANIMAL INVENTORY

NV-ECS-04 RANCH PLANNING SUMMARY:

Forage Inventory In Case File
 Number of pastures; size of each pasture; usable forage production for each pasture by season.

Livestock Inventory In Case File
 Number, kind and class of animals, and AUMs by seasonal period for each separate herd to be grazed.

NV-ECS-03 RANCH ORGANIZATION SUMMARY:

In Case File

GRAZING MANAGEMENT

KIND AND CLASS OF GRAZING ANIMALS AND NUMBER OF ANIMALS GRAZED:

KIND OF ANIMALS TO BE GRAZED	CLASS OF ANIMALS	NUMBER OF ANIMALS

TIMING AND LENGTH OF GRAZING PERIOD:

TIMING OF GRAZING USE	LENGTH OF GRAZING PERIOD

SUPPLEMENTAL FEED SUPPLIED TO LIVESTOCK BEING GRAZED:

SUPPLEMENTAL FEED TYPE	FEED ALLOCATION PER HEAD/DAY

OPERATION & MAINTENANCE

A plan to monitor and document impacts of grazing management is to be prepared. Record actual grazing dates, residual forage left following grazing period, and livestock stocking density.

MONITORING PLAN: Attached In Case File

NRCS-RANGE-414: Attached In Case File

PRACTICE CERTIFICATION

Practice specifications have been reviewed and practice application is *agreed to*:

Cooperator: _____

Date: ____/____/____

I certify that the above practice has been applied and meets NRCS Practice Standards and Specifications.

NRCS Planner: _____

Date: ____/____/____