



528 - Pasture

Prescribed Grazing

Owner \_\_\_\_\_ Operator I.D. \_\_\_\_\_ Date \_\_\_\_\_  
 Operator \_\_\_\_\_ Tract \_\_\_\_\_ Field (s): \_\_\_\_\_  
 Contract Number \_\_\_\_\_ Contract Item Number (s): \_\_\_\_\_  
 Field Office \_\_\_\_\_

MANDATORY DOCUMENTATION WITHIN THE PLAN

- Practice objective, Identification of the extent of practices applied, Location identification, this can be an aerial photo, soils map, reference to the conservation plan map, or a sketch in the plan drawings (legal description is required), Environmental Evaluation NRCS-WA-CPA-052, Documentation of necessary permits – federal, state, tribal, local - as applicable, and Site-specific practice specification

The following additional data are needed for the specific practices listed.

Check Use the Check Box to indicate the Requirements are met.

Check Box	Requirements	COMMENTS
<b>Inventory</b>		
<input type="checkbox"/>	Estimates of forage production.	_____
<input type="checkbox"/>	Locations of fences and watering facilities.	_____
<input type="checkbox"/>	Pasture condition and productivity.	_____
<input type="checkbox"/>	Soil Reports-Forage Suitability Groups and Pasture Yields (WA)	_____
<input type="checkbox"/>	Soil Reports-Irrigated and Nonirrigated Yields by Map Unit Component	_____
<input type="checkbox"/>	WA-RGE-2 (Summary Worksheet) for all grazed areas included in the plan.	_____
<input type="checkbox"/>	WA-RGE-20 Feed-Forage Balance, WA-RGE-3 Ranch Summary or other acceptable tool.	_____
<b>Design</b>		
<input type="checkbox"/>	Contingency plan that details potential events such as drought, flood, etc., a trigger for recognizing the event, and a guide for adjusting the grazing prescription or implementing other strategies.	_____
<input type="checkbox"/>	WA-RGE-26 Pasture & Hay Management	_____
<input type="checkbox"/>	WA-RGE-27 Pasture Record for initial year.	_____
<b>Implementation</b>		
<input type="checkbox"/>	WA-RGE-27 Pasture Record for the next year based on WA-RGE-30 Annual Evaluation.	_____
<input type="checkbox"/>	WA-RGE-30 Annual Evaluation for each year of application of Prescribed Grazing.	_____

Additional practices [supporting practices] may be necessary to implement, install, operate or maintain this practice. Check the requirements of this practice standard and provide the Practice Documentation Checklist for the necessary supporting practices.



**Certification:**

**I have completed a review of all of the practice documentation and certify the applied practice meets NRCS specifications."**

**Certified by: /s/** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **JAA LEVEL:** \_\_\_\_\_