



595

Pest Management

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

Check Box

Requirements

COMMENTS

Location of sensitive resources and setbacks, if applicable.

Results of environmental risk assessments when chemical controls are used (NRCS WIN-PST).

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: \_\_\_\_\_