

**NATURAL RESOURCES CONSERVATION SERVICE
 MULCHING - 484 (ACRE)**

 LANDOWNER/OPERATOR

 FIELD NUMBER

 TRACT

 CTU

 PLANNER

 JOB APPROVAL AUTHORITY

 DATE

DEFINITION

Mulch is a non-living material placed on the soil surface to protect the soil from wind and water erosion, facilitate infiltration, reduce evaporation, and moderate soil temperatures. It is the application of plant residues, by-products or other suitable materials produced off site, to the land surface.

PURPOSE

To conserve soil moisture; moderate soil temperature; provide erosion control on critical areas; suppress weed growth; assist in the establishment of vegetative cover; and to improve the soil condition and increase soil fertility.

MANAGEMENT RECOMMENDATIONS

The need for mulching is based on the potential for erosion and the potential benefits mulch can provide toward the establishment of grass and other more permanent cover. On shallow sites where soils are not highly erodible, soil moisture and organic matter is present, high winds are not a problem and no soil crusting is expected to occur, mulching may not be necessary.

Mulching is essential on critical areas where the potential for wind and water erosion exists.

RESOURCE CONCERN

- | | |
|--|---|
| <input type="checkbox"/> Critical Area Planting | <input type="checkbox"/> Improve the Soil Condition |
| <input type="checkbox"/> Suppress Weed Growth | <input type="checkbox"/> Conserve Soil Moisture |
| <input type="checkbox"/> Establishment of Vegetative Cover | <input type="checkbox"/> Increase Soil Fertility |
| <input type="checkbox"/> Conserve Soil Moisture | <input type="checkbox"/> Moderate Soil Temperature |

	PLANNED	APPLIED
1. Type of Mulch		
2. Amount of Mulch		
Per 1,000 Square Feet	_____ LBS.	_____ LBS.
PER ACRE	_____ LBS./TONS	_____ LBS./TON
3. Method of Applying Mulch		
4. Time Mulch Will Be Applied		
5. Type of Anchoring (IF APPLICABLE)		
6. Application Rate of Anchor		

Fencing Required: YES NO

Fertilizer Required: YES NO

AMOUNT _____

ADDITIONAL COMMENTS

APPROVALS:

_____	_____	_____
NRCS Conservationist	JOB APPROVAL AUTHORITY	Date
_____	_____	_____
Producer		Date

CERTIFICATION STATEMENT:

I hereby certify that this practice has been installed in accordance with NRCS standards and specifications.

_____	_____	_____
NRCS Conservationist	JOB APPROVAL AUTHORITY	Date
_____	_____	_____
		Date