

U.S. DEPARTMENT OF AGRICULTURE  
NATURAL RESOURCES CONSERVATION SERVICE  
CALIFORNIA

**PRACTICE REQUIREMENTS  
FOR  
603 – HERBACEOUS WIND BARRIERS**

For: Business Name \_\_\_\_\_  
Job Location \_\_\_\_\_  
County \_\_\_\_\_ RCD \_\_\_\_\_ Farm/Tract No. \_\_\_\_\_  
Referral No. \_\_\_\_\_ Prepared By \_\_\_\_\_ Date \_\_\_\_\_

**IT SHALL BE THE RESPONSIBILITY OF THE OWNER TO OBTAIN ALL NECESSARY PERMITS AND/OR RIGHTS, AND TO COMPLY WITH ALL ORDINANCES AND LAWS PERTAINING TO THIS INSTALLATION.**

Installation shall be in accordance with the following drawings, specifications and special requirements. NO CHANGES ARE TO BE MADE IN THE DRAWINGS OR SPECIFICATIONS WITHOUT PRIOR APPROVAL OF THE NRCS TECHNICIAN.

1. Drawings, No. \_\_\_\_\_
2. Practice Specifications 603 \_\_\_\_\_
3. Seedbed Preparation \_\_\_\_\_  
\_\_\_\_\_
4. Seed \_\_\_\_\_ Rate \_\_\_\_\_ lbs/ac.  
Seed \_\_\_\_\_ Rate \_\_\_\_\_ lbs/ac.  
Seed \_\_\_\_\_ Rate \_\_\_\_\_ lbs/ac.
5. Fertilizer \_\_\_\_\_ Rate \_\_\_\_\_ lbs/ac.
6. Method of seeding \_\_\_\_\_
7. Planting period \_\_\_\_\_
8. Critical erosion period \_\_\_\_\_
9. Special Requirements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notify the Natural Resources Conservation Service office when planting is complete

**PRACTICE APPROVAL:**

Job Classification:

Show the limiting elements for this job. This job is classified as, Class \_\_\_\_\_

Limiting elements:	Units
_____	_____
_____	_____
_____	_____

Area in strips = \_\_\_\_\_ acres      Field Slope = \_\_\_\_\_ percent

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**LANDOWNER'S/OPERATOR'S ACKNOWLEDGEMENT:**

The landowner/operator acknowledges that:

- a. He/she has received a copy of the drawings and specifications, and that he/she has an understanding of the contents, and the requirements.
- b. He/she has obtained all the necessary permits.
- c. No changes will be made in the installation of the job without prior concurrence of the NRCS technician.
- d. Maintenance of the installed work is necessary for proper performance during the project life.

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

**PRACTICE COMPLETION:**

I have made an on site inspection of the site (or I am accepting owner/contractor documentation), and have determined that the job as installed does conform to the drawings and practice specifications.

Completion Certification by:

/s/ \_\_\_\_\_ Date \_\_\_\_\_