

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

**PRACTICE REQUIREMENTS
FOR
344A - RESIDUE MANAGEMENT, SEASONAL
RICE RESIDUE**

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 344A _____, _____, _____
3. The residue management system to be applied is SYSTEM _____
4. Alternative residue management system to be applied in SYSTEM _____
5. Will a cover and green manure crop be planted (Yes/No) _____
6. Species to be planted is _____
7. Special Requirements: _____

PRACTICE APPROVAL:

Job Classification:

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

Limiting elements:	Units
_____	_____
_____	_____
_____	_____

Area Treated = _____ acres Residue at Start = _____ lb/acre

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 _____