United States Department of Agriculture Natural Resources Conservation Service, Washington

NRCS-WA

Practice Documentation Requirements

344 Residue Management-Seasonal

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.

Use the Check Box to indicate the Requirements are met.

Check Box	Requirements	COMMENTS
	Inventory	
☐	Benchmark management record for each field.	
☐	Erosion estimates for sheet and rill, saltation and creep, and particulate matter.	
☐	Maps showing delineation and identification of individual fields.	
☐	Soil Conditioning Index (SCI).	
☐	Soil Reports-Acreage and Proportionate Extent of the Soils	
	Design	
☐	Completed jobsheet/site specific specification per CMU.	
☐	Identify and delineate conservation management units (CMUs).	
☐	Management record for each CMU.	
	Implementation	
☐	Current/updated management record and resource assessment results to verify resource concerns and client objectives are addressed..	

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:** _____