



Producer: [ ]

Project or Contract: [ ]

Location: [ ]

County: [ ]

Farm Name: [ ]

Tract Number: [ ]

Practice Location Map (showing detailed aerial view of where practice is to be installed on farm/site, showing all major components, stationing, relative location to any landmarks, and survey benchmarks)

- Index: Cover Sheet, Check box if printouts are used... Operation & Maintenance, Utility Safety/One-Call System Information

Description of work: [ ]

NRCS Review Only

Designed By: [ ] Date [ ]
Approved By: [ ] Date [ ]

## 329 – Residue and Tillage Management No Till Implementation Requirements

**Practice Purpose(s):** (check all that apply)

- Reduce sheet, rill, and wind erosion.
- Reduce tillage-induced particulate emissions.
- Maintain or increase soil quality and organic matter content.
- Reduce energy use.
- Increase plant-available moisture.
- Provide food and escape cover for wildlife.

**Complete the following table**(or, attach the Erosion/Tillage/Crop Rotation printout with the same information):

Field(s)			
Planned crop(s)	Amount of residue produced by each crop (lbs/acre or % surface cover)	List ALL fields operations or activities that affect residue cover, residue orientation, or surface disturbance	Operation or activity timing (month)

**Amount of Residue and Timing of Residue Cover required to accomplish the purpose(s):**

Planned crop(s)	Amount of residue required (lbs/acre or % surface cover)	Time of year residue must be present (month)

**Soil tillage intensity rating (STIR) value to accomplish purpose(s); must be <20**

**Soil conditioning index (SCI) value to accomplish purpose(s)**

**Additional Required Documentation for Purpose of Increasing Plant-Available Moisture:**

Crop stubble height during the time of expected evaporation losses shall be:

- At least 10 inches for crops with a row spacing of less than 15 inches.
- At least 15 inches for crops with a row spacing of 15 inches or greater.

These stubble heights shall be present on at least 60% of the field.

## 329 – Residue and Tillage Management No Till Implementation Requirements

**Trapping Snow.** Crop stubble height during the time significant snowfall is expected to occur shall be:

- At least 10 inches for crops with a row spacing of less than 15 inches.
- At least 15 inches for crops with a row spacing of 15 inches or greater.

These stubble heights shall be present over at least 50% of the field.

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### **Operation and Maintenance:**

- Evaluate/measure the crop residues cover and orientation after each crop to ensure the planned amounts and orientation are achieved.
- Adjust management as needed to maintain adjusted residue amount and orientation or adjust the planting and/or harvesting equipment.
- Limited tillage is allowed to close or level ruts from harvesting equipment. No more than 25% of the field may be tilled for this purpose.
- If there are areas of heavy residue accumulation (because of movement by water or wind) in the field, spread the residue prior to planting so it does not interfere with planter operation.

**Attachments:**      Erosion/tillage/crop rotation printout

## Practice Specifications Approval and Completion Certification

**NRCS Review Only**

**DESIGN INSTALLATION AND LAYOUT APPROVAL:**

Designed By:	Date:	Job Approval Authority (JAA):
Approved By:	Date:	Job Approval Authority (JAA):

**LANDOWNER/OPERATOR ACKNOWLEDGES:**

- a. They have received a copy of the specifications and understand the contents including the scope and location of the practice.
- b. They have obtained all necessary permits and/or rights in advance of practice application, and will comply with all ordinances and laws pertaining to the application of this practice.
- c. No changes will be made in the installation of the job without prior concurrence of the NRCS.
- d. Maintenance of the installed work is necessary for proper performance during the life of the practice. The practice life is \_\_\_\_\_.

I have reviewed all specifications and agree to install as specified:

Landowner/operator name (type or print):		
Landowner/operator Signature:		Date:

**RECORD OF COMPLETION AND CHECK OUT CERTIFICATION:**

Treated Acres:	Date Completed by Client:	Date Certified:	Approver's Initials:

**CERTIFICATION STATEMENT:**

I certify that implementation of this conservation practice is complete, meets criteria for the stated purpose(s), and meets the NRCS conservation practice standard and specifications.

NRCS Signature:	Date:	Job Approval Authority (JAA):
Notes:		