

601 – Vegetative Barrier Implementation Requirements

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, row direction, row spacing, barrier width, spacing between barriers, relative location to any landmarks, and survey benchmarks)

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_____ Cover Sheet
 _____ Specifications
 _____ Drawings
 _____ Operation & Maintenance

Utility Safety /
One-Call System
Information

Description of work:

NRCS Review Only

Designed By: _____	Date: _____
Approved By: _____	Date: _____

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The Practice Purpose(s):

Reduce sheet and rill erosion
Improve water quality by trapping sediment

Specifications:

Field number/location:

Linear feet installed:

Seeding date:

Barrier width: **Number of rows in each barrier:**

Stem diameter (in.):

Minimum stem density (per sq ft):

Site preparation:

Crop strip width:

Planting method:

Seeding rate (if seeded):

Vegetation spacing - In row: **Between rows:**

Planting description (e.g., shrubs established on outside edge of area, etc.):

Herbicide selected for establishment (if applicable):

SEEDING or PLANTING RATES and SPECIES
(Vegetative/Woody species units are plants/linear ft)

Plant species	Lbs/acre of seed (PLS) OR Plants/ft	Total lbs of seed for planned acreage OR Total plants needed
1		
2		
3		
4		
5		
6		
TOTALS =>		

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FERTILIZERS and AMENDMENTS

Fertilizer Element	Fertilizer Form	Fertilizer Amount (lbs/100 ft)
N	<i>e.g. DAP</i>	as N
P ₂ O ₅	<i>e.g. DAP</i>	as P ₂ O ₅
K ₂ O	<i>e.g. K₂SO₄</i>	as K ₂ O
Lime		

Operation and Maintenance: (check all that apply)

Establishment failures will be replanted or reseeded immediately; short gaps in seeded barriers may be reestablished more effectively and immediately with transplanted plant material.

Mowing of herbaceous barriers may be used as a management practice to encourage the development of a dense stand and prevent shading of crops in adjacent fields. Mow at a 15-inch stem height, or the recommended height for the species, whichever is taller.

Barriers may be burned (where permitted), if the species used will tolerate fire. Carry out burns just prior to the spring regrowth period, while the vegetation is dormant. All burns will be conducted in accordance with a smoke/burn management plan.

Control any plant on the Federal or State noxious weed list. Control other weeds as necessary to ensure a dense stand within the barrier.

Pest control in the field and adjacent fields will be performed with techniques and pesticides that will not damage the vegetative barrier.

Washouts or rills that develop will be filled and replanted immediately. Short gaps in established barriers will be reestablished with transplanted plant material.

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Implementation Requirements**

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:		