

**324 - Deep Tillage
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, stationing, relative location to any landmarks, and survey benchmarks)

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_____ Cover Sheet

_____ Specifications

_____ Drawings

_____ Cost Estimate and Project Bid Form

_____ 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):

Bury or mix soil deposits from wind or water erosion or flood overwash.
Fracture restrictive soil layers.

Site Information			
	Fields:	Fields:	Fields:
Measured Acres:			
Soil Texture:			
Map Unit Slope (%):			
Soil Moisture (% field capacity)			
Depth/Restrictive Layer (in.):			
Soil Deposit Depth			

Tillage Information			
	Fields:	Fields:	Fields:
Equipment to be Used:			
Depth of Tillage:			
Shank Spacing (in)			
Date/Timing of Tillage:			

Site Preparation and Additional Installation Information
Additional requirements:

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OPERATION AND MAINTENANCE

___ Monitor root zone for recurring restrictive layers after deep tillage has been performed to assist with determining when or if treatment will be reapplied.

___ Perform deep tillage for reduction of restrictive layers whenever soil compaction occurs.

Other:

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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:		