

CRITICAL AREA PLANTING CODE 342

Maryland Conservation Practice Implementation Requirements and Certification

Cooperator Name	County	Planner	Date
Farm/Tract/Field(s)	Program/Contract No. (if applicable)		Amount Planned AC

Purpose			
Stabilize stream and channel banks, and shorelines	Rehabilitate and revegetate degraded sites that cannot be stabilized using normal establishment techniques		
Stabilize areas with existing or expected high rates of soil erosion by wind or water	Stabilize coastal areas, such as sand dunes and riparian areas		
Description of Work			
Associated Practices (must be implemented in combination with this practice)			
Existing Site Condition			
Slope Range	Existing pH Range	Soil Type/Texture	Soil Drainage Class
Plant Type(s)		Seeding Type	
Herbaceous	Trees/Shrubs	Permanent	Temporary Sod

HERBACEOUS PLANTING SPECIFICATIONS			
Site Preparation (Type and Timing)			
Fertilizer and Lime			
Nitrogen (lb/ac)	Phosphorous - P ₂ O ₅ (lb/ac)	Potash - K ₂ O (lb/ac)	Lime (ton/ac)
Planting Dates	Establishment Should Occur By (Date)	Seeding Depth	
Planting Method			
Mulching Material and Rate			

Other Amendments
Weed Control Measures During Establishment (Timing and Methods)

HERBACEOUS SEED MIXTURE						
Location(s)	Area (AC or SF)	Species and Cultivar	Minimum Seed Purity (%)	Minimum Seed Germ (%)	Seeding Rate	Total Seed Quantity

Notify the NRCS or SCD office when the planting is completed.

WOODY PLANTING SPECIFICATIONS	
Planting Stock Type	
Bare-root Seedlings	Container
Balled & Burlap	
Site Preparation (Type and Timing)	
Planting Date(s)	Expected Establishment Date
Planting Method	Shelters or Other Protection
Irrigation Requirement	
Weed Control Measures During Establishment (Timing and Methods)	

WOODY PLANTING DIMENSIONS					
Planting Location(s)	Length (ft)	No. of Rows	Spacing Between Rows	Spacing Within Rows	Total Number of Plants

WOODY PLANT QUANTITIES (to be ordered)			
Planting Location(s)	Species and Cultivars	Quantity	No. of Shelters

Notify the NRCS or SCD office when the planting is completed.

OPERATION AND MAINTENANCE

- Maintain the herbaceous planting areas according to the specifications below:

<p>Maintenance (Method, Frequency, Timing)</p>

- Manage the area as long as necessary to ensure the site remains stable.
- Protect the plantings from pests (e.g. weeds, insects, diseases, livestock, or wildlife) as necessary to ensure long-term survival. Control weeds by mowing or herbicides. Mow frequently during the first year, if possible, to control weeds and encourage stand density.
- Inspect establishment frequently. Replant areas of poor establishment due to drought, insects, or other events, which prevented adequate stand establishment. Re-planting may vary from complete re-establishment to over seeding or spot planting.
- Inspect and evaluate vegetation to determine maintenance needs. Reseeding or replanting, and fertilization may be needed to ensure that this practice functions as intended throughout its expected life.
- Control noxious weeds and other invasive plants by spot treatment using mechanical methods or approved herbicides. Contact your local weed control specialist concerning recommendations for spot-treating the weed problem.

- If undesirable woody vegetation starts to encroach on the planting, targeted herbicide applications may be necessary for control. Refer to applicable Brush Management (Code 314) Implementation Requirements or contact your local University of Maryland Extension or Soil Conservation District office for more specific information.

<p>Additional Operations and Maintenance</p>

CERTIFICATION (FOR AGENCY USE ONLY)	
Supporting Documentation (for file)	
Map showing practice location	
<p>Planning Certification</p> <p>This practice was planned according to NRCS standards and specifications.</p> <p style="text-align: right;">Job Class: _____</p> <p>_____ Signature by individual with appropriate JAA Date</p>	<p>Implementation Certification</p> <p>This practice was applied according to NRCS standards and specifications.</p> <p style="text-align: right;">Amount: _____ Date: _____</p> <p>_____ Signature by individual with appropriate JAA Date</p>
Reporting Checklist	
<p>CPA-06 Notes</p> <p>File copy of completed IR sheet</p> <p>Post treatment site photos (optional)</p>	<p>Report in Toolkit</p> <p>Other reporting tools (optional)</p>