

RIPARIAN FOREST BUFFER CODE 391

Maryland Conservation Practice Implementation Requirements and Certification

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

<p>Purpose</p> <p>Reduce excess amounts of sediment, nutrients, and other pollutants in surface runoff and reduce nutrients and other pollutants in shallow ground water flow</p> <p>Create or improve riparian habitat and provide a source of detritus and large woody debris for fish and other aquatic organisms</p> <p>Reduce pesticide drift entering the water body</p>	<p>Create shade to lower or maintain water temperatures to improve habitat for aquatic organisms</p> <p>Provide long-term erosion control and improvement of water quality</p> <p>Restore riparian plant communities</p> <p>Increase carbon storage in plant biomass and soils</p>
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Description of Work

Associated Practices (must be implemented in combination with this practice)

Waterbody Name and Type

Planting Type	
Hardwoods	Softwoods
Mixed Hardwood-Softwood	Other: _____
Includes herbaceous strip	

Planned Avg. Width	Existing Avg. Width	Total Avg. Width
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WOODY PLANTING SPECIFICATIONS

Planting Stock Type		
Bare-root Seedlings	Container	Balled & Burlap

Site Preparation (Type and Timing)

Planting Date(s)	Expected Establishment Date
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Planting Method
Shelters or Other Protection
Irrigation Requirement
Weed Control Measures During Establishment (Timing and Methods)
Additional Instructions

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

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

HERBACEOUS STRIP SPECIFICATIONS (if applicable)	
Site Preparation (Type and Timing)	
Planting Date(s)	Expected Establishment Date
Seeding Depth	Lime and Fertilizer
Planting Method	
Seed Mixture (Species or Mix, Rate, Quantity)	
Weed Control Measures During Establishment (Timing and Methods)	

OPERATION AND MAINTENANCE

Once the planting has become established, follow these prescriptions for maintaining the planting. Most maintenance requirements should NOT occur during the primary nesting season of April 15 – August 15, unless otherwise specified.

- At a minimum, inspect the planting annually for plant health and survival, and invasive and undesirable species.
- Avoid disturbing the planting during the primary nesting season of April 15 – August 15, unless otherwise prescribed, or if recommended for control of noxious and invasive plants.
- Control noxious weeds and other invasive plants by spot treatment using mechanical methods or approved herbicides. If it becomes necessary to control noxious weeds during the nesting season, contact your local weed control specialist for 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.
- If tree shelters were used to protect the planting: Most shelters are constructed with a perforation that is supposed to break when the tree diameter reaches the diameter of the shelter. If the shelters are not breaking at this time, remove the shelter by hand.
- If a fence was used to protect the planting, inspect the fence weekly to ensure proper functioning.
- If an **herbaceous planting** is included, maintain it according to the specifications below:

Maintenance (Method, Timing, Frequency)
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<p>Additional Operations and Maintenance</p>

CERTIFICATION (FOR AGENCY USE ONLY)			
<p>Supporting Documentation (for file) Map showing practice location and widths</p>			
<p>Planning Certification This practice was planned according to NRCS standards and specifications. Job Class: _____</p>	<p>Implementation Certification This practice was applied according to NRCS standards and specifications. Amount: _____ Date: _____</p>		
<p>_____ Signature by individual with appropriate JAA Date</p>	<p>_____ Signature by individual with appropriate JAA Date</p>		
<p>Reporting Checklist</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>CPA-06 Notes File copy of completed IR sheet Post-treatment photos (optional)</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Report in Toolkit Other reporting tools (optional)</p> </td> </tr> </table>		<p>CPA-06 Notes File copy of completed IR sheet Post-treatment photos (optional)</p>	<p>Report in Toolkit Other reporting tools (optional)</p>
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