

HEDGEROW PLANTING CODE 422

Maryland Conservation Practice Implementation Requirements and Certification

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

<p>Purpose</p> <p>Provide barriers to noise and visual screens to improve landscape appearance</p> <p>Provide food and cover for aquatic organisms in watercourses with bank-full width less than 5 feet</p> <p>Intercept airborne particulate matter or to reduce chemical drift and odor movement</p>	<p>Provide wildlife food, cover, and travel corridors</p> <p>Delineate boundaries</p> <p>Establish contour guidelines</p> <p>Increase carbon storage in biomass and soils</p> <p>Create a living fence</p>
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Description of Work

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

<p>Type of Border</p> <p>Woody – Shrubs and Trees</p> <p>Herbaceous – Grasses and Forbs</p>	<p>Combination Herbaceous and Woody</p> <p>Other: _____</p>
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Average Width	Length	Area
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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 PLANTING SPECIFICATIONS	
Site Preparation (Type and Timing)	
Planting Date(s)	Expected Establishment Date
Seeding Depth	Lime and Fertilizer

Planting Method
Weed Control Measures During Establishment (Timing and Methods)

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

HERBACEOUS SEED MIXTURE				
Location(s)	Species and Cultivar or Mix[‡]	Acres	Seeding Rate	Total Seed Quantity

[‡] If specifying only a mix, attach a copy of the mix.

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.

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

Maintenance (Method, Timing, Frequency)
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- At a minimum, inspect the field border annually for plant health and survival, and invasive and undesirable species.
- Do not mow for cosmetic purposes.

- Do not disturb the planting during the primary nesting season of April 15 – August 15, except if recommended for control of noxious and invasive plants.
- For wildlife benefits, leave a portion of the herbaceous planting standing through the winter, preferably disturbing it only every 2 to 3 years.
- 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.
- 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.

Additional Operations and Maintenance

CERTIFICATION (FOR AGENCY USE ONLY)	
Supporting Documentation (for file)	
Map showing practice locations and widths	Recommended seed mixture
Planning Certification This practice was planned according to NRCS standards and specifications. Job Class: _____	Implementation Certification This practice was applied according to NRCS standards and specifications. Amount: _____ Date: _____
Signature by individual with appropriate JAA _____ Date _____	Signature by individual with appropriate JAA _____ Date _____
Reporting Checklist	
CPA-06 Notes	Report in Toolkit
File copy of completed IR sheet	Other reporting tools (optional)
Post-treatment site photos (optional)	