

Are all installed practices being maintained? Y N (If No, explain)

Are all forms of erosion controlled? Y N (If No, explain)

Revision of plan or modification of contract needed:

Is a revision or modification needed? Y N (If Yes, explain)

Need for technical assistance:

List contract item numbers needing follow-up along with month and year.

Remarks:

WEED CONTROL PLANS (if needed).

Control of weeds:

* Chemical weed control
Time of Application _____

* If there are questions on herbicide, rate/acre, type of application equipment, etc., the participant will check with the Extension Service for recommendations.

:
:
:
:
:
:
:
:

** Mechanical weed control
Clipping/Mowing Heights _____
Time of Clipping/Mowing _____

** If the clippings need to be removed the participant will contact FSA for approval.

Participant has the responsibility to control weeds through chemical and/or mechanical methods to ensure an adequate (healthy and vigorous) stand of CRP planted/existing vegetation

Signed _____
Staff Member or Contractor

Signed _____
District Conservationist

Participant (Signature / Date delivered or mailed)