



Animal Enhancement Activity – ANM12 – Shallow Water Habitat

State Criteria (same as NATIONAL CRITERIA)

Additional Criteria for Nebraska

Naturally occurring wetlands are not eligible. Sites must consist of either existing (to be renovated) or newly constructed shallow ponds, sediment control basins, or other water-holding depressions to qualify.

- A minimum of two shallow water habitat areas that are each greater than 0.1 acre in size must be present within ¼ mile to meet the requirements for one 20 acre block of enrolled cropland, pastureland, rangeland, or forestland.
- All shallow water habitat areas must be buffered by a minimum of 20 feet of filter strip or 35 feet of riparian forest buffer.
- The shallow water habitat areas and the buffer cannot be planted to an annual crop.
- Haying of these areas is permitted up to once per three year period (following establishment) provided it is conducted after July 15th and prior to September 1st.
- Grazing is permitted up to once per three year period (following establishment) provided it is conducted after July 15th and does not exceed a 30 day period during the growing season OR a 60 day period during the dormant season.

Documentation Requirements (SEE NATIONAL ENHANCEMENT ACTIVITY JOBSHEET)

Complete the Table below:

To be completed by NRCS and Producer during planning				To be completed by Producer during certification	
1	2	3	4	5	6
Tract(s)	Field(s)	Acres Planned	Habitat Acres	Management/Maintenance Activity Implemented	Date Completed
EX. 101	1&2	20.0	0.4	Burned cattails in March and sprayed with Rodeo in mid-May to reduce plant-dominated areas.	March 2014

EX= EXAMPLE, COLUMNS 1-4 NRCS COMPLETES, COLUMNS 5-6 PRODUCER COMPLETES

I certify that the shallow water habitat area meets these specifications including the following documentation as applicable:

1. Map with shallow water habitats and associated land use clearly identified (highlighted, outlined, etc.).
2. A detailed map or sketch with dimensions, water depth and estimated surface area of each habitat.
3. Description of management/maintenance activities and dates completed – completed table above.

Certified by: _____ **Date:** _____