



Soil Quality Enhancement Activity – SQL10 – Crop management system where cropland acres were recently converted from CRP grass/legume cover or similar perennial vegetation

State Criteria (same as NATIONAL CRITERIA)

For this enhancement cover crops must be grown during all the non-crop production periods in an annual crop rotation including any fallow periods in the crop rotation.

Cover Crop Requirements

- Cover crops cannot be mechanically harvested. Grazing is allowed after physiological maturity of the cover crop or after the first killing frost.
- Cover crops must follow planting dates, seeding rates, method of planting and other requirements in Conservation Practice Standard [340, Cover Crop](#). Specifications will be provided on the [Cover Crop Worksheet \(NE-CPA-7\)](#).
- Cover crops which winter kill must be planted at least 8 weeks prior to the average date of the first killing frost.
- Cover crops which over winter must have at least 4 weeks of spring growth before termination.
- Winter annual cover crops planted following a low residue crop must have a minimum of 6-8” of growth before they are terminated.
- Cover crops which follow fall harvested crops must be a winter annual small grain such as rye, wheat or triticale, or a winter annual small grain with a legume.

Documentation Requirements (SEE NATIONAL ENHANCEMENT ACTIVITY JOBSHEET)

Complete the Tables 1 & 2 below to document the planned crop rotation and cover crop management.

Complete the attached Field Operations Worksheet.

Table 1: Crop rotation documentation.

To be completed by NRCS and Producer during planning				To be completed by Producer during certification		
1	2	3	4	5	6	7
Tract	Field(s)	Rotation Planned	Acres Planned	Rotation Applied	Planting Method	Acres Applied
<i>Ex.1</i>	<i>1</i>	<i>C-cc1-B-W-cc</i>	<i>100</i>	<i>C-cc1-B-W-cc</i>	<i>No-till</i>	<i>100</i>

EX= EXAMPLE, COLUMNS 1-5 NRCS COMPLETES, COLUMNS 6-9 PRODUCER COMPLETES

C=Corn; B=soybeans/edible beans; W=Wheat; M=Milo; A=Alfalfa; O=Oats; cc=cover crop;

Others=_____



Table 2: Cover crop documentation.

Tract	Field(s)	Previous Crop	Cover Crop	Date Planted	Planned Date of Termination	Method of Termination
<i>EX. 1</i>	<i>1</i>	<i>Soybeans</i>	<i>Cereal rye</i>	<i>Oct. 1</i>	<i>April 15</i>	<i>herbicide</i>

In addition:

1. Provide a map showing the location of the fields where the practices were applied.
2. Complete, sign, and attach [Cover Crop worksheet NE-CPA-7](#) showing the cover crops grown, seeding date, seeding rate, fertilizer applied, and the method and date of termination.

I certify that the enhancement criteria have been met and the required documentation provided to NRCS.

Certified by: _____ **Date:** _____



Field Operations Worksheet

For each crop in the rotation show the crop being grown, the previous crop, and the date or dates for each operation normally used from harvest of the previous crop through harvest of the crop being grown (annual harvesting operations are assumed for crops other than alfalfa). For alfalfa use one column to show the operations for seeding alfalfa, one column to show the number of years alfalfa is grown and the number of harvest operations, and one column to show the operations used to break out the alfalfa and plant an annual crop. Use additional sheets if needed.

Crop being grown (list actual crop rotation):						
Previous crop (residue type):						
Field Operation	Date(s)	Date(s)	Date(s)	Date(s)	Date(s)	Date(s)
Bale crop or crop residue						
Graze stubble or residue						
Shredder, flail or rotary						
Fertilizer application – Anhydrous, 30 inch spacing						
Fertilizer application, strip till						
Manure injector, 30 inch spacing						
Drill or airseeder, single disk openers						
Drill or airseeder, double disk openers						
Drill or airseeder, double disk openers w/ coulters						
Drill or air seeder, hoe/chisel openers						
Planter, double disk openers						
Planter, ridge till, strip till, or double disk openers with residue managers						
Spraying operations						
Harvest operation(s)						

Other operations:

Other operation – please describe (use additional sheet if necessary)						
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