



## **Plant Enhancement Activity – PLT20 –High residue cover crop for weed suppression and soil health**

### **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.

### **Acceptable cover crops for this enhancement include:**

Barley; Buckwheat; Cowpea; White clover; Pearl millet; Mustard; Radish; Red clover; Cereal rye; Annual or Italian ryegrass; Any Sorghum; Sudangrass or Sudan/Sorghum hybrids; Triticale; Turnip; and Wheat.

### **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 crop mixes must include a warm season or cool season grass and have a carbon nitrogen ratio greater than 30 prior to termination (late vegetative, early reproductive stage).
- Cover crops which follow fall harvested crops must include a winter annual small grain such as rye, wheat or triticale.



**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	7
Tract	Field(s)	Existing Rotation	Planned Rotation	Acres Planned	Cover Crop Used	Acres Applied
Ex. T1001	1	C-B-W	C-cc1-B-W-cc2	80	cc1 = wheat or rye cc2 = cowpeas, sudan	80

EX= EXAMPLE, COLUMNS 1-5 NRCS COMPLETES, COLUMNS 6-7 PRODUCER COMPLETES  
**C=Corn; B=soybeans/edible beans; W=Wheat; M=Milo; A=Alfalfa; O=Oats; cc=cover crop;**  
**Others=\_\_\_\_\_**

**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:** \_\_\_\_\_