

Mulching Enhancement Activity – WQT02 - Mulching for Moisture Conservation



Mulching for Moisture Conservation

This enhancement consists of using fibrous mulch to reduce irrigation evaporation losses from bare soil surfaces.

Land Use Applicability

This enhancement is applicable to cropland.

Benefits

This enhancement conserves irrigation water by reducing the evaporative effects of wind and high temperatures on bare soil surfaces.

Criteria for Mulching

- This enhancement is for mulching material used for an irrigated cropping system.
- Implementation of this enhancement requires compliance with the requirements of the Conservation Practice Standard, Mulching (484);
- A minimum of 60% of the soil surface must be covered in order to qualify for this enhancement;
- All mulching material must be biodegradable.

Documentation Requirements for Mulching

- List of fields where this enhancement was applied, field size, and type of mulch used.
- Photo documentation of mulching. Photos must be date stamped and labeled with field number.



United States Department of Agriculture
Natural Resources Conservation Service

NE-WQT02

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Additional State Criteria

Implementation of this enhancement requires compliance with the Nebraska Practice Documentation Requirements for Conservation Practice Standard, Mulching (PDR-484)

<http://efotg.nrcs.usda.gov/references/public/NE/NE484DP.pdf>.

Participant Acknowledgement Statement:

I agree to apply this enhancement under the terms and conditions of my CSP contract and understand the requirements of the activity.

Tract	Field(s)	Acres	Description of type of mulch used	Ac of Irrigated land using mulch

I certify that I have used biodegradable plastic or fiber mulching material to reduce irrigation evaporation losses from bare soil surfaces on the field(s) listed in the table above meets these specifications including the following documentation as applicable:

1. Written documentation of the activity performed.
2. Copies of dated receipts for equipment or services purchased.

Certified by: _____ **Date:** _____