

Alley Cropping Checkout and Certification

Cooperator:	Field Office:		
Plan No.:	Location:		
Checkout By:	Title:	Date:	

Document actual practice completion

**Attach diagram or map indicating completion of tree/shrub and alley establishment location.*

Layout				
	Field #:	Field #:	Field #:	Field #:
Type of Crop/Herbaceous Cover:				
Alley Width:				
Spacing Between Trees/Shrub Sets ¹ (ft):				
Tree/Shrub Set Orientation ² :				

¹Distance from center of one set to center of the next set.

²Contour, North/South, East/West, Other (specify).

Woody Plant Materials Information				
	Field #:	Field #:	Field #:	Field #:
Date Planted:				
Species of Tree/Shrub:				
Within Row Spacing:				
Tree Row Width:				
Acres Established:				

Notes:

Signature: _____

I certify that this practice has been carried out as documented and meets standards and specifications.