

Cover Crop

Conservation Practice Job Sheet

Natural Resources Conservation Service, Oregon

340 OR-JS

November 2010

Client: _____



Photo courtesy of NRCS Photo Gallery

Definition

Grasses, legumes, forbs and other herbaceous plants established for seasonal cover and conservation purposes.

Purposes

Cover crop is applied as part of a resource management system to accomplish one or more of the following:

- Reduce erosion from wind and water
- Increase soil organic matter
- Capture and recycle or redistribute nutrients in the soil profile
- Promote biological nitrogen fixation
- Increase biodiversity
- Pest suppression
- Provide supplemental forage
- Soil moisture management
- Reduce particulate emissions into the atmosphere
- Minimize and reduce soil compaction

Where used

Cover crop is used on all lands requiring vegetative cover for natural resource protection.

Resource Management System

Cover crop is normally established concurrently with other conservation practices as part of a resource management system. These practices may include conservation crop rotation, nutrient and pest management, residue management, and waste utilization.

Specifications

Site-specific requirements for cover crop are listed on the following Oregon 340 Specification Sheet. Specifications are prepared in accordance with the NRCS Field Office Technical Guide and are designed to meet the resource needs and the producer's objectives.

Operation and maintenance

Control growth of the cover crop to reduce competition from volunteer plants and shading. Control weeds in the cover crop by mowing or other pest management techniques. Control soil moisture depletion by selection of water efficient plant species and termination of the cover crop prior to excessive transpiration.



Photo courtesy of Oregon NRCS

COVER CROP SPECIFICATION SHEET

Client _____ Farm/Tract _____

Location _____ County/SWCD _____

Prepared By _____ Date _____

DESIGN APPROVAL:

Practice Code No.	PRACTICE	LEAD DISCIPLINE	CONTROLLING FACTOR	UNITS	JOB CLASS				
					I	II	III	IV	V
340	Cover Crop	BCSD-Agron	Precipitation	Inches	>17	12-17	9-11	Irr.	All

This practice is classified as Job Class: _____

Design Approved By: /s/ _____ Date: _____

Job Title: _____

CLIENTS ACKNOWLEDGEMENT STATEMENT:

The Client acknowledges that:

- a. They have received a copy of the specification and understand the contents and requirements.
- b. The following information must be provided to NRCS by the client before this practice can be certified as applied:
 - Site preparation performed, seeding depth and seeding method, plant species/cultivars used and amounts per acre.
 - Fertilizer(s) applied at or after planting, and weed and/or pest control performed.
- c. It shall be the responsibility of the client to obtain all necessary permits and/or rights, and to comply with all ordinances and laws pertaining to the application of this practice.

Accepted By: /s/ _____ Date: _____

CERTIFICATION:

I have completed a review of the information provided by the client and certify this practice has been applied.

Certification By: /s/ _____ Date: _____

Job Title: _____

COVER CROP SPECIFICATION SHEET

Purpose (check all that apply)

Reduce erosion from wind/water (attach erosion calculation)	Suppress pests	Increase biodiversity
Improve organic matter (attach SCI calculation)	Manage nutrients emissions	Reduce particulate
Biological N fixation (legumes or legumes/grass mixes only)	Reduce soil compaction	
Provide supplemental forage	Manage soil moisture	

Site Conditions

Soil: _____	Slope: ____%	Slope Aspect: _____	Effective Rainfall _____ inches
Critical Erosion Period: _____			

Plant Materials Cultivar and Species	Full Seeding Rate (lbs/acre of pure live seed)	% Mix Desired	Rate Per Acre	Acres	Lbs. PLS Needed
Field(s):					
TOTALS					

Selected plant materials and species notes:

Field(s):					
TOTALS					

COVER CROP SPECIFICATION SHEET**Cover Crop Establishment**Seedbed preparation: Firm and weed free

Seeding Depth: _____

Planting Date: _____ Planting Method: _____

Irrigation Requirements: _____

Fertilizer (Rate, Form, Timing): _____

Mulching Required: Yes No If Yes see attached 484 OR-Specification, Mulching.

Operation and Maintenance

Required Canopy Cover (%): _____

Termination Date: _____

Additional Management and Maintenance Requirements:

Attach an aerial photo or map showing the practice location

Attach any other relevant information such as:

- Erosion calculations showing the percent cover needed
- SCI calculations showing a positive soil quality trend
- Complementary practices and measures
- Any additional information needed to establish and manage the cover crop.