

## 472 – Access Control Implementation Requirements

**Producer:** \_\_\_\_\_  
**Location:** \_\_\_\_\_  
**Farm Name:** \_\_\_\_\_

**Project or Contract:** \_\_\_\_\_  
**County:** \_\_\_\_\_  
**Tract Number:** \_\_\_\_\_

**Practice Lifespan – 10 years**



1.



2.



3.

*Photos 1 & 2: Gates and fences can selectively control use of an area by livestock or vehicles.*

*Photo 3: Poorly timed use of vehicles can accelerate sheet, rill, and concentrated flow erosion on access roads and trails.*

<b>1. Practice Purpose(s):</b> (check all that apply)					
This practice will be implemented to monitor and/or manage the intensity of use by:	Animals	People	Vehicles	Equipment	Other (Specify:)

**Description of work (include the intent(s) of this practice and the specific resources that are at risk):**

**NRCS Review Only**

<b>Designed By:</b>		<b>Date</b>	
<b>Checked By:</b>		<b>Date</b>	
<b>Approved By:</b>		<b>Date</b>	

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### GENERAL CRITERIA FOR ALL PURPOSES:

Use-regulating activities (e.g., posting of signs, patrolling, gates, fences and other barriers, permits) must achieve the intended purpose and include mitigating associated resource concerns to acceptable levels during their installation, operation, and maintenance. Activities will complement the application schedule and life-span of other practices specified in the conservation plan.

Each activity or measure will identify the entity to be monitored and regulated (animals, people, vehicles, and equipment) and specify the intent, intensity, amounts, and timing of exclusion by that entity. Activities may involve temporary to permanent exclusion of one to all entities.

Placement, location, dimensions, and materials (e.g., signs, gates), and frequency of use (e.g., continuous, specific season, or specific dates) must be described for each activity including monitoring frequency.

### OPERATION AND MAINTENANCE:

Monitoring of the effectiveness of use-regulating activities will be performed routinely and at least annually with changes made to specifications and operation and maintenance requirements as necessary.

Modifications to activities and use of measures are allowed temporarily to accommodate emergency-level contingencies such as wildfire, hurricane, drought, or flood if resource conditions are maintained.

### SPECIFICATIONS:

2. Controlled-use activities (*posting of signs, patrolling, gates, fences and other barriers, permits*) and explanation of the intensity, amounts, and timing of use for entities marked in item 1 above, mitigating measures if their use influences other resource concerns, and monitoring requirements.

Controlled-use Activities:

Explanation:

3. Describe placement, location, dimensions and materials (for signs, structures, etc.), and frequency of use (e.g., continuous, specific season, specific dates) for each activity:

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4. Soils, site factors, and timing of application must be suitable for any ground-based equipment that may be utilized for installing the named activities to avoid erosion and sedimentation. For safety purposes and to protect site resources, treatment methods involving equipment are generally not applied on slopes exceeding 35 percent.
5. List emergency preparedness agency information (optional), e.g., local fire/wildfire control agency and pumper truck water sources on or near the area:
6. Other requirements:
7. All actions associated with applying activities and measures under this practice shall be monitored periodically, maintained, and comply with federal, state, tribal and local laws and regulations. It is the landowner's responsibility to obtain appropriate permits and/or applications prior to commencing an activity.

A map(s) showing all sites planned for Access Control is attached. The map shows:

If you have questions about this planned **Contour Buffer Strips** practice contact:

Name:		Tel:		Email:	
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## For NRCS Use Only:

### **PRACTICE CHECKOUT AND CERTIFICATION:**

*Certifying official completes 'Check Out information'*

Recommendation: Attach digital photograph(s) to document practice installation and illustrate practice before and after effects.

#### **CHECK OUT INFORMATION:**

Crop Year: \_\_\_\_\_

CIN # (if applicable): \_\_\_\_\_

Amount Completed: Number of Practices: \_\_\_\_\_ Total Acres Protected: \_\_\_\_\_

\* Mark the completed practice locations on the conservation plan map.

Remarks:

#### **Certification Statement:**

I certify that implementation of this conservation practice is complete, meets criteria for the stated purpose(s), and meets the NRCS conservation practice standard and specifications.

This practice meets NRCS standards and specifications                      Yes                      No

Check out and Certification by: \_\_\_\_\_ Date: \_\_\_\_\_

*Planner/Technical Service Provider Signature*

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