



484 Mulching

Owner \_\_\_\_\_ Operator I.D. \_\_\_\_\_ Date \_\_\_\_\_  
 Operator \_\_\_\_\_ Tract \_\_\_\_\_ Field (s): \_\_\_\_\_  
 Contract Number \_\_\_\_\_ Contract Item Number (s): \_\_\_\_\_  
 Field Office \_\_\_\_\_

**MANDATORY DOCUMENTATION WITHIN THE PLAN**

Implementation Requirements Document, Practice purpose, identification of the extent of practices applied. Location identification, this can be an aerial photo, soils map, reference to the conservation plan map, or a sketch in the plan drawings (legal description is required).

Environmental Evaluation NRCS-WA-CPA-052,  
Documentation of necessary permits – federal, state, tribal, local - as applicable, and

Documentation of Benchmark Condition

**The following requirements are needed for certification practice completion. Use the Check Box to indicate the Requirements are met.**

	<b>COMMENTS</b>
Practice was completed as specified on the Implementation Requirements Document and any approved modifications or updates are documented appropriately.	_____
Extent of practice applied & documented. _____	_____
Manufacturers/product specifications.	_____
Documentation site preparation used.	_____
Photos are optional but encouraged.	_____
Operation and Maintenance Plan reviewed with producer.	_____

**Additional practices [supporting practices] may be necessary to implement, install, operate or maintain this practice. Check the requirements of this practice standard and provide the Practice Documentation Checklist for the necessary supporting practices.**

**Certification:**

**"I have completed a review of all of the practice documentation and certify the applied practice meets NRCS specifications."**

Certified by: /s/ \_\_\_\_\_ Date: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ JAA LEVEL: \_\_\_\_\_