



340 Cover Crop Implementation Requirements

Producer:

Project or Contract:

Location:

County:

Farm Name:

Tract Number:



This practice may be planted to all lands requiring seasonal vegetative cover for natural resource protection or improvement.

Gopher State One Call Utility Service 651-454-0002 or 800-252-1166

Practice Purpose (check all that apply)

- Reduce erosion from wind and water.
- Maintain or increase soil health and organic matter content.
- Reduce water quality degradation by utilizing excessive soil nutrients.
- Suppress excessive weed pressures and break pest cycles.
- Improve soil moisture use efficiency.
- Minimize soil compaction.

Description of Work

This practice is being implemented as part of a soil health management system. By applying the Cover Crop (340) practice, you are keeping plants growing as long as possible to feed the soil, adding diversity to the cropping system, and keeping the soil covered. Other practices that can be applied as part of a soil health management system are Conservation Crop Rotation (328), Residue and Tillage Management, No-Till (329), Nutrient Management (590) and Integrated Pest Management (595).

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Seeding and Management

Fill in the following table with the appropriate cover crop information for each field.

Field #	Acres	Species	Seeding rate (lbs/ac) PLS*)	Seeding date range	Seeding method	Termination date or stage	Termination method

*To figure Pure Live Seed (PLS) rates, multiply the percent purity by the percent germination. Divide the seeding rate by the percent PLS to find the bulk seed needed per acre.
 For example: 98% purity X 60% germination = 0.588% PLS 10 lbs/acre X 0.588% PLS = 17 lbs/acre.

Soil Amendments, if needed

Apply soil amendments prior to seedbed preparation or before seeding if a no-till drill is used.

Field	N fertilizer needed (lbs/acre)	K ₂ O fertilizer needed (lbs/acre)	P ₂ O ₅ fertilizer needed (lbs/acre)
Additional specifications:			

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Practice Specifications Approval and Completion Certification

Provided Practice Cost information

Site-specific cost estimate, or specifications for the producer to develop a cost estimate or obtain the bid themselves.

Design Installation and Layout Approval

Designed by: _____ Date: _____ Job Approval Authority: _____

Approved by: _____ Date: _____ Job Approval Authority: _____

Record of Completion and Check Out Certification

Treated Acres	Date Completed by Client	Date Certified	Approver's Initials

Additional documentation to support practice certification is located in the Case File.

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.

Printed Name: _____ Date: _____

Title: _____ Job Approval Authority: _____

Signature: _____

Notes: _____