



## CONSERVATION ENHANCEMENT ACTIVITY

### E340H

# CONSERVATION STEWARDSHIP PROGRAM

## Cover crops to suppress excessive weed pressures and break pest cycles

### Conservation Practice 340: Cover Crop

**APPLICABLE LAND USE:** Crop (Annual & Mixed); Crop (Perennial)

**RESOURCE CONCERN:** Plants

**ENHANCEMENT LIFE SPAN:** 1 Year

#### Enhancement Description

Establish a cover crop mix to suppress excessive weed pressures and break pest cycles. Select cover crop species for their life cycles, growth habits, and other biological, chemical and/or physical characteristics. Select cover crop species that do not harbor pests or diseases of subsequent crops in the rotation. Cover crop shall not be harvested, grazed, or burned.

#### Criteria

- Plant species, seedbed preparation, seeding rates, seeding dates, seeding depths, fertility requirements, and planting methods will be consistent with applicable local criteria and soil/site conditions **(REFER TO STATE SPECIFIC LISTS)**.
- Determine method and timing of cover crop termination to meet grower's objective and current NRCS Cover Crop Termination Guidelines.
- Select species that are compatible with other components of the cropping system.
- Ensure herbicides used with crops are compatible with cover crop selections.

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- Cover crops may be established between successive production crops, or companion-planted or relay-planted into production crops. Select species and planting dates that will not compete with production crop yield or harvest.
- Do not burn cover crop residue.
- Do not harvest or graze cover crop.
- If specific rhizobium bacteria for selected legumes are not present in the soil, treat seed with appropriate inoculum at time of planting.
- Select cover crop species that do not harbor pests or diseases of subsequent crops in the rotation. Select cover crop species for their life cycles, growth habits, and other biological, chemical and or physical characteristics to provide one or more of the following:
  - To suppress weeds or compete with weeds.
  - Break pest life cycles or suppress of plant pests or pathogens.
  - Provide food or habitat for natural enemies of pests.
  - Release compounds such as glucosinolates that suppress soil borne pathogens or pests.



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## Documentation and Implementation Requirements

### Participant will:

- Prior to implementation, provide NRCS with the current and planned crop rotation and field operation(s) used for each crop.

### Planned Management Rotation Including Cover Crop

Field	Planned Crops/Cover Crop (in sequence)	Planting Date	Harvest/Termination Date

### Cover Crop Mix and Seeding Rate

Species	Variety	Seed Size	Typical Seeding Depth	Seeding Rate (PLS lbs/acre)	Percent of Mix (%)

### Establishment and Management Considerations:

Task	Provide information and details
Seedbed Preparation	
Seeding Date	
Seeding Depth	
Seeding Method	
Fertilizer, as needed	
Weed Management, as needed	
Termination Date (window)	
Termination Method	

- Prior to implementation, read and follow current [NRCS Cover Crop Termination Guidelines](#).



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- During implementation, cover crops must not be grazed, burned, harvested or biomass removed.
- During implementation, notify NRCS of any planned changes in crops, crop rotation, or unharvested areas to verify the planned system meets the enhancement criteria.
- After implementation, if changes to the cover crop and crop rotation were made, complete the tables above to document the applied Cover Crop for the contract period and provide to NRCS.

**NRCS will:**

- As needed, provide technical assistance in selecting cover crop mixes for the crop rotations or substitute species that would meet the criteria of the enhancement.
- As needed, provide additional assistance to the participant as requested.
- Prior to implementation, provide and explain the current [NRCS Cover Crop Termination Guidelines](#).
- During implementation, evaluate planned adjustments in cover crop selected, timing in crop rotation, management, or field operations to verify the new system meets the enhancement criteria.
- After implementation, evaluate the applied crop rotation or management using information provided from the participant, if any variation to planned evaluation, document that the applied rotation met the enhancement criteria.

**NRCS Documentation Review:**

I have reviewed all required participant documentation and have determined the participant has implemented the enhancement and met all criteria and requirements.

Participant Name \_\_\_\_\_ Contract Number \_\_\_\_\_

Total Amount Applied \_\_\_\_\_ Fiscal Year Completed \_\_\_\_\_

\_\_\_\_\_  
NRCS Technical Adequacy Signature \_\_\_\_\_ Date

\*Sign and certify in the Oregon-Acknowledgment & Certification supplement below.

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**OREGON SUPPLEMENT TO  
CONSERVATION ENHANCEMENT**

**CONSERVATION  
STEWARDSHIP  
PROGRAM**

**ACTIVITY E340H**

**Additional Documentation for Oregon:**

- In addition to the documentation requirements specified in the National job sheet E340H the following additional documentation requirements apply in Oregon.
  - Utilize the [Pacific Northwest Cover Crop Selection Tool](#) to select approved cover crop species that aid in weed suppression and that do not harbor pests or diseases for the local climates and cropping systems present in planning area.

**Additional References and Information for Oregon:**

- Tables containing seeding dates & yields for certain plant species and varieties at different locations throughout Oregon: [Agronomy Technical Note 9- Seeding Tables](#)

**Design Approvals & Acknowledgements:**

Design Approval	Date	Job Approval Authority
Designed by:		
Approved by:		

**Client's Acknowledgement Statement:**

The client acknowledges:

- I have received a copy of the specification and understand the contents and requirements.
- It is my responsibility to obtain all necessary permits and/or rights and to comply with all ordinances and laws pertaining to the application of this practice.
- I will not begin installation of this practice until I have received appropriate approval to do so. I understand NRCS also has Federal and state laws to comply with that may take some time to address (e.g. cultural resources).

Client's Signature	Date

**Certification Documentation:**

	Field Evaluation: Post-treatment inventory, measurements, notes, as-built, and supporting documentation (document completion in conservation plan), as required.
	Map(s): Including field numbers, fields treated, and units treated (may document on conservation plan map), as required.
	Photos or other supporting documentation (e.g., seed tags, soil tests, receipts, invoices, spray records, fertilizer records, etc.)
Brief Description of Work Accomplished (types of equipment used, date of application, extents and quantities installed, etc.)	

**Certification Statement:**

The employee certifies the implementation of this conservation practice:

- Meets the purpose, general criteria, and any required additional criteria as documented in the conservation practice standard and/or enhancement sheet.
- Meets the specifications contained herein and is complete.
- Conforms to my existing Job Approval Authority controlling factors and levels.

Name	Date	Job Approval Authority

<b>Field Level Certification</b> – For multiple applications of this design.				
Land Unit/ Contract Item Number	Date	Unit(s)	Amount Installed	Certifier