

**United States Department of Agriculture** 

## CROPLAND ENHANCEMENT BUNDLE

**B000CPL12** 



# Crop Bundle #12 – Non-Irrigated Precision Ag (MRBI)

Conservation Practices 590: Nutrient Management; 595: Integrated Pest Management; 340: Cover Crop; 329: Residue and Tillage Management, No Till and 345: Residue and Tillage management, Reduced till

APPLICABLE LAND USE: Crop (Annual & Mixed)

**RESOURCE CONCERN ADDRESSED:** Soil, Water

**BUNDLE LIFE SPAN: 1 year** 

## Enhancement Description

By implementing this combination of enhancements together, a synergy is achieved that should result in more conservation benefits than would be expected from implementing the enhancements individually.

## <u>Criteria</u>

- All of the component enhancements in the required group, along with one additional component enhancement, must be adopted as shown in the table below.
- If an applicant has already adopted one or more component enhancements within a bundle, the applicant may schedule the bundle as long as the applicant is newly adopting the majority (more than 50 percent) of the component enhancements within the bundle.
- Applicants may choose to adopt a bundle on any portion of the agricultural operation and will be required to install component enhancements on all applicable acres where the bundle is adopted.
- The bundle is scheduled in the year in which all component enhancements in the bundle are applied.
- The bundle, once adopted, may continue to be implemented in all subsequent years through the end of the contract meaning applied multiple times after adoption.

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#### **Documentation and Implementation Requirements**

Participant will:



- Follow the documentation and implementation PROGRAM
  requirements outlined in the respective
  enhancement job sheets to document the implementation of each component
  enhancement in the bundle.
- Prior to and after implementation, document the planned amount, fields, applied amount and the year each component enhancement in the bundle is applied:

Component Enhancement Code	Tract, Field No. or Name	Planned Amount (units)	Applied Amount (units)	Year(s)	
ADOPT ALL REQU	JIRED COMPONE		TS FROM THIS GROUP	)	
E595A					
E590B					
E340A					
ADOPT ONE ADDITIONAL COMPONENT ENHANCEMENT FROM THIS GROUP					
E329D					
E345D					

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#### **NRCS Documentation Review:**

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

Participant Name \_\_\_\_\_

Total Amount Applied \_\_\_\_\_

NRCS Technical Adequacy Signature

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CONSERVATION STEWARDSHIP PROGRAM

Contract Number

Fiscal Year Completed \_\_\_\_\_

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

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#### **Design Approvals & Acknowledgements:**

Design Approval	Date	Job Approval Authority
Designed by:		
Assessment to a		
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

## Natural Resources Conservation Service Specification & Implementation Requirement Signature Pages

#### **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.)
Description of Work Accomplished (types of equipment used, date of application, extents uantities 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

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