



United States  
Department of  
Agriculture

## COVER CROP CODE 340

### Maryland Conservation Practice Implementation Requirements and Certification

Cooperator Name	County	Planner	Date
Farm/Tract/Field(s)	Program/Contract No. (if applicable)	Amount Planned	AC

<b>Purpose(s)</b> (check all that apply)	
<input type="checkbox"/> Reduce erosion from wind and water.	<input type="checkbox"/> Suppress excessive weed pressures and break pest cycles.
<input type="checkbox"/> Maintain or increase soil health and organic matter content.	<input type="checkbox"/> Improve soil moisture use efficiency.
<input type="checkbox"/> Reduce water quality degradation by utilizing excess soil nutrients.	<input type="checkbox"/> Minimize soil compaction.

<b>Associated Practices</b>
This practice may be applied alone or in combination with other supporting Maryland conservation practice standards.
<input type="checkbox"/> The following practices are needed, and have been or will be implemented: (check all that apply)
<input type="checkbox"/> Conservation Crop Rotation (328)
<input type="checkbox"/> Residue and Tillage Management, No-Till (329)
<input type="checkbox"/> Integrated Pest Management (595)
<input type="checkbox"/> Residue and Tillage Management, Reduced Till (345)
<input type="checkbox"/> Nutrient Management (590)
<input type="checkbox"/> Other practices (specify):
<input type="checkbox"/> No associated practices are needed.

COVER CROP SPECIFICATIONS							
Field No(s).	Acres	Species	Seeding Method	Seeding Rate (lb/ac)	Seeding Dates	Termination Date	Termination Method

Notify the NRCS or SCD office when the planting is completed.

Note: This Implementation Requirement sheet is not required when the cooperator is not receiving financial assistance and the specifications are included in the practice narrative of the conservation plan. The supporting documentation and reporting checklist items must be addressed in all cases.

### OPERATION AND MAINTENANCE

- Establish the cover crop within the stated time period and maintain until the stated time/growth stage. Evaluate the cover crop to determine if it is meeting the planned purpose(s). If the cover crop is not meeting the purpose(s), adjust the management or change the species of cover crop.
- Control weeds as needed by mowing or by spraying with an appropriate herbicide. Noxious weeds must be controlled as required by state law.
- Control soil moisture depletion by selecting water-efficient plant species and terminating the cover crop before excessive transpiration.
- If forage use is desired, green-chop or graze the cover crop in the late boot to early head stages when optimal nutritional content and yield is available.
- Unless the cover crop will be used for supplemental forage, terminate a grass cover crop no later than the late joint to early boot stage, or no later than 2 to 4 weeks before planting the next crop. This timing of the termination date permits maximum growth and uptake of residual nutrients by the cover crop, while allowing sufficient time for the decomposition of the vegetation, release of nutrients, and recharge of soil moisture.
- Legumes terminated while succulent decompose more rapidly than grasses, so terminating a legume cover crop 1 to 2 weeks before planting the next crop is usually sufficient.
- Acceptable uses (e.g., green manure crop, green-chop, grazing) and time of year or frequency of use restrictions, if any (list):
- Other requirements, or follow-up needed (describe):

### CERTIFICATION (FOR AGENCY USE ONLY)

#### Supporting Documentation (for file)

☐ Map showing practice location

☐ RUSLE2 printout

☐ Nutrient Management Plan (if nutrients applied)

#### Planning Certification

This practice was planned according to NRCS standards and specifications.

Job Class: \_\_\_\_\_

\_\_\_\_\_  
Signature by individual with appropriate JAA

\_\_\_\_\_  
Date

#### Implementation Certification

This practice was applied according to NRCS standards and specifications.

Amount: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature by individual with appropriate JAA

\_\_\_\_\_  
Date

#### Reporting Checklist

☐ CPA-06 Notes

☐ Report in Toolkit

☐ File copy of completed IR sheet

☐ Other reporting tools (optional)