

### PLANTING PLAN FOR FIELD, SPECIAL, AND INCREASE PLANTINGS

Purpose of planting \_\_\_\_\_

Planting Plan No. \_\_\_\_\_

Plants to be evaluated	Identifying cultivar or number	Seeding or planting rate	Total needed	Supplied by
Standard(s) for comparison				

State \_\_\_\_\_ F.O. \_\_\_\_\_ SEC \_\_\_\_\_ TWP \_\_\_\_\_ RNG \_\_\_\_\_  
 SCD \_\_\_\_\_ MLRA \_\_\_\_\_ Date to be planted \_\_\_\_\_  
 Size \_\_\_\_\_ Soils \_\_\_\_\_ (series) \_\_\_\_\_ (texture)

Cooperator \_\_\_\_\_ Address \_\_\_\_\_

Irrig. \_\_\_\_\_ (yes or no) Precip. \_\_\_\_\_ (inches) Elev. \_\_\_\_\_ (feet) Slope \_\_\_\_\_ (percent) Exposure \_\_\_\_\_

Site history for previous three years:

19 \_\_, \_\_\_\_\_  
 19 \_\_, \_\_\_\_\_  
 19 \_\_, \_\_\_\_\_

Method of planting to be used \_\_\_\_\_

Materials needed	Rate	Total	Materials needed	Rate	Total
Lime			Mulch		
Fertilizer			Other		

Cooperator \_\_\_\_\_ (signature) Date \_\_\_\_\_ Submitted by \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ (Chairman, District Board) Date \_\_\_\_\_

Approved \_\_\_\_\_ (SRC or PMS) Date \_\_\_\_\_

Location Map

(to be completed when planting form is prepared)

1. Does the cooperater understand the purpose of the planting or practice, as well as the culture and management required for its success? \_\_\_\_\_
2. Does the site meet the requirements stipulated in the planting guide? \_\_\_\_\_
  - a. Is it conveniently located? \_\_\_\_\_
  - b. Is it on a soil identified in the planting guide in the project plan? \_\_\_\_\_
  - c. If it is to be grazed, it the field a separately fenced unit of adequate size? \_\_\_\_\_
3. Has the cooperater agreed to establish and manage the planting as stipulated in the planting guide? \_\_\_\_\_
4. Are planned weed control measures adequate? \_\_\_\_\_
5. Will the field and equipment be checked before planting? \_\_\_\_\_
6. Will an NRCS technician help with the planting? \_\_\_\_\_
7. Will followup assistance be provided? \_\_\_\_\_
  - a. To obtain adequate weed control? \_\_\_\_\_
  - b. To obtain evaluations as outlined in the planting guide or in the project plan? \_\_\_\_\_
8. Has the location map been completed on reverse side? \_\_\_\_\_
9. Comments - explanations if no answers: \_\_\_\_\_

\_\_\_\_\_  
(signature and title)

\_\_\_\_\_  
(date)

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**INSTRUCTIONS FOR USE:** The district conservationist completes the items above the ones on the back of the original. She/He retains the last copy and forwards the other copies for approval. When approved, on the reverse of the form, the plant materials specialist keeps the original and returns the other copies to the district conservationist. The area conservationist can keep a copy if she/he desires. The district conservationist and the plant materials specialist are to file their copies with other records relating to the planting.