

### FIELD PLANTING PLAN

PLANTING PLAN NO.: \_\_\_\_\_

COOPERATOR	ADDRESS		
LOCATION	SECTION	TOWNSHIP	RANGE

#### DISTRICT LONG RANGE PLANT MATERIALS PLAN

PURPOSE: \_\_\_\_\_ PLANTING DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

FIELD OFFICE: \_\_\_\_\_

PLANNED LAND USE: \_\_\_\_\_

PRACTICE: \_\_\_\_\_

(USE APPROPRIATE PRACTICE SPECIFICATIONS FOR PLANNING CONSIDERATIONS AND SEEDING RATES--ATTACH PRACTICE SPECIFICATION SHEET)

PLANTS TO BE EVALUATED AND STANDARD(S) FOR COMPARISON	IDENTIFYING CULTIVAR OR NUMBER	SEEDING OR PLANTING RATE (LBS OR PLANTS)	ACRES	TOTAL NEEDED (LBS OR PLANTS)	SUPPLIED BY

TRACT OR FIELD NO.: \_\_\_\_\_  IRRIGATED  DRYLAND ELEVATION \_\_\_\_\_ SLOPE \_\_\_\_\_

RAINFALL: \_\_\_\_\_ INCHES MLRA: \_\_\_\_\_ SOILS SERIES & PHASE: \_\_\_\_\_

(ATTACH SOILS MAP, MAP UNIT DESCRIPTIONS, SOIL LIMITATIONS--WATER TABLE, DEPTH, SALINITY, ALKALINITY, ETC.--AND IF AVAILABLE, SOIL TEST DATA.)

RANGE SITE AND P.Z: \_\_\_\_\_ WINDBREAK SUITABILITY GROUP: \_\_\_\_\_

SITE HISTORY: PREVIOUS 3 YEARS--INCLUDE HERBICIDE (KINDS /AMOUNTS), CROP HISTORY, OR ANY OTHER FACTOR(S) THAT MIGHT EFFECT PLANTING ESTABLISHMENT.

19 \_\_\_\_\_

20 \_\_\_\_\_

20 \_\_\_\_\_

Record the following on the WY-ECS-25 and attach to the planting plan:

- A. Site Preparation--Include all site preparation steps, timing, and equipment used.
  
- B. Fertilizer--Include kind, amount, method of application, and timing.
  
- C. Planting Method--Include type of drill, how it is equipped, planned row spacing, etc.
  
- D. Post Planting Management--Refer to appropriate practice specification and record on specification sheet.

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**LOCATION MAP:** ATTACH A QUALITY PHOTOCOPY OF AN AERIAL PHOTO PLAN MAP OUTLINING THE PLANTING AREA. DEVELOP AND SUBMIT AN "AS PLANTED" PLAN MAP THROUGH CHANNELS TO THE BRIDGER PLANT MATERIALS CENTER AFTER PLANTING IS INSTALLED IF DIFFERENT FROM ORIGINAL LOCATION.

1. Does the cooperator understand the purpose of the planting or practice, as well as the culture and management required for its success?     YES     NO    \_\_\_\_\_
2. Does the site meet the requirements stipulated in the planting guide?     YES     NO    \_\_\_\_\_
  - a. Is it conveniently located?     YES     NO    \_\_\_\_\_
  - b. Is it on a soil identified in the project plan planting guide?     YES     NO    \_\_\_\_\_
  - c. If it is to be grazed, is the field a separately fenced unit of adequate size?     YES     NO    \_\_\_\_\_
3. Has the cooperator agreed to establish and manage the planting as stipulated in the planting guide?  
 YES     NO    \_\_\_\_\_
4. Are planned weed control measures adequate?     YES     NO    \_\_\_\_\_
5. Will the field and equipment be checked before planting?     YES     NO    \_\_\_\_\_
6. Will a NRCS technician help with the planting?     YES     NO    \_\_\_\_\_
7. Will follow-up assistance be provided?     YES     NO    \_\_\_\_\_
  - a. To obtain adequate weed control? \_\_\_\_\_
  - b. To obtain evaluations as outlined in the project plan planting guide? \_\_\_\_\_
8. Comments—explanations, if no answers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Is the appropriate specification sheet(s) attached?     YES     NO    \_\_\_\_\_
10. Is a plan map attached?     YES     NO    \_\_\_\_\_
11. Are a soils map and soils information attached?     YES     NO    \_\_\_\_\_

\* **Attach a completed WY-ECS-25 Seeding Plan.**

### APPROVALS:

\_\_\_\_\_  
Cooperator

\_\_\_\_\_  
Date

\_\_\_\_\_  
SCD

\_\_\_\_\_  
Date

\_\_\_\_\_  
Submitted By

\_\_\_\_\_  
Date

\_\_\_\_\_  
ASTC—Field Operations

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved By

\_\_\_\_\_  
Date