



## CROPLAND ENHANCEMENT BUNDLE

### B000CPL24

## CONSERVATION STEWARDSHIP PROGRAM

### Crop Bundle #24 – Cropland Soil Health Management System

**Conservation Practices 590: Nutrient Management; 328: Conservation Crop Rotation; 329: Residue and Tillage Management, No-Till; and 340: Cover Crop**

**APPLICABLE LAND USE: Crop (annual & mixed)**

**RESOURCE CONCERN ADDRESSED: Soil, Water, Plant**

**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.

#### Criteria

- All of the component enhancements in the required group, along with two additional component enhancements, 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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| B000CPL24 – Crop Bundle #24 – Cropland Soil Health Management System | September 2023 | Page   1 |
|--|----------------|----------|



**Documentation and Implementation Requirements**

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Participant will:

- Follow the documentation and implementation 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) |
|---|--------------------------|------------------------|------------------------|---------|
| <b>ADOPT ALL REQUIRED COMPONENT ENHANCEMENTS FROM THIS GROUP</b>  |                          |                        |                        |         |
| E329D   |                          |                        |                        |         |
| E328F   |                          |                        |                        |         |
| <b>ADOPT ONE ADDITIONAL COMPONENT ENHANCEMENT FROM THIS GROUP</b> |                          |                        |                        |         |
| E590A   |                          |                        |                        |         |
| E590B   |                          |                        |                        |         |
| <b>ADOPT ONE ADDITIONAL COMPONENT ENHANCEMENT FROM THIS GROUP</b> |                          |                        |                        |         |
| E340A   |                          |                        |                        |         |
| E340F   |                          |                        |                        |         |
| E340H   |                          |                        |                        |         |



**NRCS Documentation Review:**

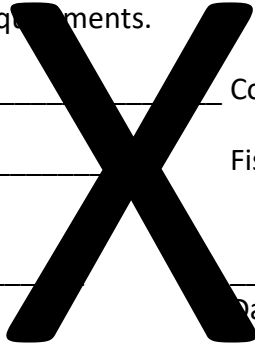
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I have reviewed all required participant documentation and have determined the participant has implemented the bundle and met all criteria and requirements.

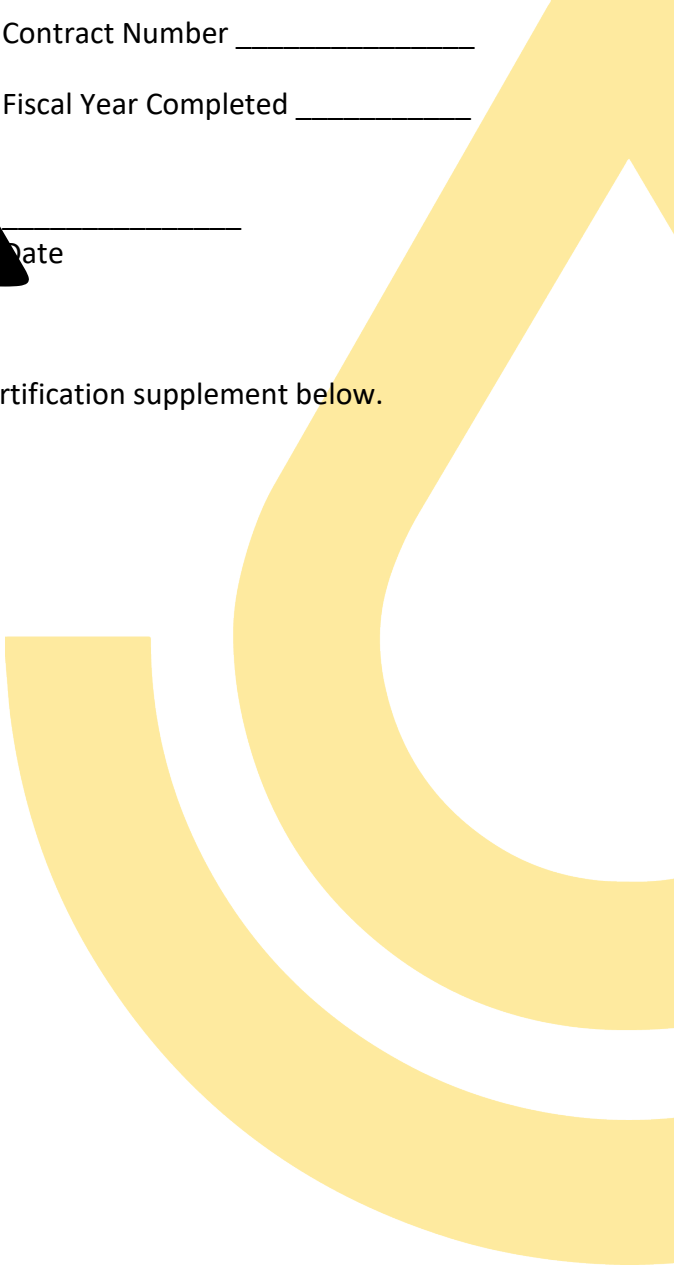
Participant Name \_\_\_\_\_ Contract Number \_\_\_\_\_

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

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



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



**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 |
|  |      |         |                  |           |
|  |      |         |                  |           |
|  |      |         |                  |           |
|  |      |         |                  |           |
|  |      |         |                  |           |