## U.S. Department of Agriculture

**Conservation Reserve Program CP18C Establishment of Permanent Salt Tolerant Vegetative Cover**

**Documentation of Suitability and Feasibility Worksheet (Version 2.1 May 2019)**

<table>
<thead>
<tr>
<th>Name of Client:</th>
<th>Client Phone Number: ( ) ______ - ________</th>
<th>Client email:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Farm Number:</td>
<td>Field Number(s):</td>
<td>Location Description:</td>
</tr>
<tr>
<td>Tract Number:</td>
<td></td>
<td>State:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County:</td>
</tr>
</tbody>
</table>

*Refer to the Worksheet Instructions for guidance on completing a Suitability and Feasibility Determination.*

**CP18C, Establishment of Permanent Salt Tolerant Vegetative Cover Practice Purpose:** This practice is to establish permanent salt tolerant vegetative cover on eligible cropland with existing high-water tables that will improve the environmental benefits of a farm or ranch.

### Element #1 Site Conditions/Program Requirements

Identify if offer area meets CP18C site condition criteria by checking the following:

- Offer does not exceed the minimum acreage needed to control the saline seep.
  - For seeps less than 5 acres the recharge area cannot exceed a ratio of 10 acres of recharge to 1 acre of seep.
  - Acreage shall not exceed 50 acres unless NRCS SRC or designee and at least 1 independent technical peer with extensive knowledge in saline seeps review the practice before approval.

Current Cover Type in Offer Area: ___________________________________________________________

Current Land Use in Offer Area: _____________________________________________________________

- YES – All Site Conditions Referenced Above are Met  
- NO – Site Conditions Not Met

### Element #2 Practice Needs

Is there a resource concern within the offer area that is targeted by CP18C per the practice purpose?

*Documentation of the resource concern condition to support the practice needs determination must satisfy the definition of a saline seep and recharge area according to 2-CRP.*

*If existing cover is solving the resource concern(s) in the practice purpose, then the determination must be that the CP is not needed. Reference Worksheet Instructions for guidance on CRP contract re-enrollment.*

Indicate which NRCS resource concern causes are present within the offer area:

- Soil Quality Degradation: Concentration of salts or other chemicals
- Water Quality Degradation: Excessive salts in surface and ground water

- YES – Practice is Needed  
- NO – Practice Not Needed

### Element #3 Practice Feasibility

Will the implementation of CP18C solve or significantly improve the resource concern(s) listed in the practice purpose?

*A determination that CP18C will feasibly solve or improve the salinity problem must be supported with information on the effectiveness of the NRCS practice standards used to implement CP18C.*

- YES – Practice is Feasible  
- NO – Practice is Not Feasible
Element #4 Practice Suitability

Are the offered acres suitable for installation of the NRCS conservation practices needed to apply CP18C?

☐ YES – Practice is Suitable ☐ NO – Practice is Not Suitable

Suitability and Feasibility Determination Findings:

☐ The location and size of the offered acres as shown on the CRP-2C, digital imagery/map meet all four elements of the Suitability and Feasibility determination.

☐ The offer DOES NOT meet the Suitability and Feasibility requirements. Check the element(s) that were not met.

☒ Site Conditions/Program Requirements
☒ Practice Needs
☒ Practice Feasibility
☒ Practice Suitability

☐ Modification of the offer (either location, size or practice) would result in meeting all four S&F determination elements. See documentation.

Documentation:

Provide information supporting the determination of each element in this section.
Conservation Planner has attached or provided to FSA (check all that applies):

☐ Notes on form NRCS CPA-6 ☐ Map
☐ Photo’s ☐ Electronic File with GPS Points or GIS Shapefile
☐ Other: ____________________________

Field Visit Completed by: __________________________ Date: __________ Date returned to FSA: __________

Suitability and Feasibility Determination Completed by: ________________________________