

Name of Practice: Continuous No-till Forage Production System  
DCR Specifications for No. SL-15B

This document specifies terms and conditions for the Virginia Department of Conservation and Recreation's continuous no-till forage production system best management practice, that are applicable to all contracts, entered into with respect to that practice.

A. Description & Purpose

1. To expand implementation of continuous no-till planting systems, continuous cover, and nutrient management technologies that will result in the reduction of non-point source pollution to state waters from nutrients and sediments.
2. To reduce erosion by minimizing tillage of soils on cropland. This will improve soil quality by recognizing nutrient management indicators that manage the movement of nitrogen, phosphorous; sediments and runoff with the use of no till planting techniques.

B. Policies & Specifications

1. All crops must be planted using no-till methods.
2. The system must be maintained for a minimum of five years.
3. All eligible fields must be converting from a minimum or conventional till system to a continuous no-till system.
4. All eligible fields must have RUSLE2 soil loss calculations comparing the pre-practice conditions and the erosion that occurs after the practice is installed. The RUSLE2 comparison calculations must show a significant reduction in erosion for the field to be eligible. This amount should be entered in the appropriate column on the application form.
5. All eligible fields must have a cropping history two out of the past five years. Permanent grass or hay land is not considered cropland.
6. Cropping rotations that involve the removal of residue are eligible. Land must be covered with an actively growing crop. Straw may remain on the field. All crops must be planted utilizing no till planting methods within thirty (30) days of harvest, grazing or removal of biomass. Participants may receive payments for the Cover Crop practices and the Continuous No-till Forage Production System simultaneously so long as all practice specifications have been met.
7. Cover crops are strongly encouraged throughout the life of the contract. If cover crops are planted, a good stand and good growth of winter cover should be obtained in sufficient time to protect the area in the fall and winter.

8. Producers must be fully implementing a current nutrient management plan prepared and signed by a certified nutrient management planner. Cost-Share payments shall not be made until a current nutrient management plan is on file with the SWCD. SWCD staff should utilize the NMP maps, nutrient balance sheets, and summary sheets to confirm conservation practice implementation. A comparison between crop recommendations and in field conditions shall be used when certifying conservation practice compliance. The plan must include all appropriate agricultural production acres contained within the tract. A copy of the current nutrient management plan and a nutrient application record keeping form certified and signed as true and accurate by the farmer shall be on file with the SWCD before payment can be issued and maintained in the participant's practice folder. Annual nutrient application record keeping forms for these fields must be provided to the district or the practice will out of compliance.
9. State cost-share contracts will be provided only one time per field.
10. This practice is subject to NRCS Standards 329 Residue and Tillage Management No-Till/Strip Till/Direct Seed, 340 Cover Crop, 328 Conservation Crop Rotation, 590 Nutrient Management, and 595 Pest Management.

C. Rate

The state cost-share rate is a one time incentive payment of \$50 per acre.

D. Technical Responsibility

Technical responsibility is assigned to SWCDs with consultation with the Virginia Certified Nutrient Management Planner, NRCS, VCE, DGIF. and/or DOF if deemed necessary. All component practices used in the installation of this are subject to spot check procedures and any other quality control measures.

Revised April 2008

**NUTRIENT APPLICATION FIELD RECORD SHEET**

Farm Name: \_\_\_\_\_ FSA Farm #: \_\_\_\_\_ FSA Tract #: \_\_\_\_\_ FSA Field #(s): \_\_\_\_\_

Manure Type: (poultry, liquid dairy, swine, etc.) \_\_\_\_\_ Crop: \_\_\_\_\_ Acres: \_\_\_\_\_

Manure/Biosolids				Commercial Fertilizer/Lime						
Date	Incorporation <sup>1</sup> Time	Acres Applied	Actual Rate/acre	Date	Commercial Fertilizer Plant Food lbs./acre			Method <sup>2</sup>	Date	Lime Tons/Acre
					N	P	K			

<sup>1</sup> Incorporation: Immediate, greater than two days, (>2 days), >4 days, or > 7 days      <sup>2</sup> Starter=ST, Broadcast= BR, Top Dress=TD, Side Dress = SD

Farm Name: \_\_\_\_\_ FSA Farm #: \_\_\_\_\_ FSA Tract #: \_\_\_\_\_ FSA Field #(s): \_\_\_\_\_

Manure Type: (poultry, liquid dairy, swine, etc.) \_\_\_\_\_ Crop: \_\_\_\_\_ Acres: \_\_\_\_\_

Manure/Biosolids				Commercial Fertilizer/Lime						
Date	Incorporation <sup>1</sup> Time	Acres Applied	Actual Rate/acre	Date	Commercial Fertilizer Plant Food lbs./acre			Method <sup>2</sup>	Date	Lime Tons/Acre
					N	P	K			

<sup>1</sup> Incorporation: Immediate, greater than two days, (>2 days), >4 days, or > 7 days      <sup>2</sup> Starter=ST, Broadcast= BR, Top Dress=TD, Side Dress = SD

I certify that the nutrient applications recorded above are true and accurate and do not exceed recommendations from my nutrient management plan and I am therefore eligible to receive cost-share funding.

\_\_\_\_\_  
Signature  
(DCR – 199 – 172) (04-07)

\_\_\_\_\_  
Date

## NUTRIENT APPLICATION FIELD RECORD SHEET

Farm Name: Jones FSA Farm #: 213 FSA Tract #: 5431 FSA Field #(s): 5

Manure Type: (poultry, liquid dairy, swine, etc.) Liquid dairy Crop: Corn Acres: 10

Manure/Biosolids				Commercial Fertilizer/Lime						
Date	Incorporation <sup>1</sup> Time	Acres Applied	Actual Rate/acre	Date	Commercial Fertilizer Plant Food lbs./acre			Method <sup>2</sup>	Date	Lime Tons/Acre
					N	P	K			
5/12/06	>7 days	5 West end	7,200 gal.	5/13/06	20	30	60	BR		
5/22/06	>7 days	5 East end	6,000 gal.	6/25/06	90	0	0	SD		

<sup>1</sup> Incorporation: Immediate, greater than two days, (>2 days), >4 days, or > 7 days      <sup>2</sup> Starter=ST, Broadcast= BR, Top Dress=TD, Side Dress = SD

Farm Name: Smith FSA Farm #: 213 FSA Tract #: 5431 FSA Field #(s): 6

Manure Type: (poultry, liquid dairy, swine, etc.) Liquid dairy Crop: Barley Acres: 40

Manure/Biosolids				Commercial Fertilizer/Lime						
Date	Incorporation <sup>1</sup> Time	Acres Applied	Actual Rate/acre	Date	Commercial Fertilizer Plant Food lbs./acre			Method <sup>2</sup>	Date	Lime Tons/Acre
					N	P	K			
10/1/2006	>2 days	10	6,000 gal.					BR	9/22/06	2
				2/21/07	30	0	0	SD		

<sup>1</sup> Incorporation: Immediate, greater than two days, (>2 days), >4 days, or > 7 days      <sup>2</sup> Starter=ST, Broadcast= BR, Top Dress=TD, Side Dress = SD

I certify that the nutrient applications recorded above are true and accurate and do not exceed recommendations from my nutrient management plan and I am therefore eligible to receive cost-share funding.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
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