

PLANTING PLAN FOR FIELD, SPECIAL AND INCREASE PLANTINGS

Planting No. _____ Field Office _____
Cooperator _____ Phone Number _____
Address _____
State _____ County _____ MLRA _____
Township _____ Range _____ Section _____
Latitude _____ Longitude _____ Location Map Provided ☐ Yes
Soil _____ Texture _____ Soil Modifier _____
Slope % _____ Aspect ☐ N ☐ S ☐ E ☐ W Elevation ☐ ft or ☐ m _____
Annual Precipitation ☐ in or ☐ mm _____ Irrigation Available ☐ Yes ☐ No
Number of Acres to be Planted/Seeded _____

	Cultivar/Release Name	Scientific Name or Common Name	Accession Number	Seeding or Planting Rate	Amount Needed	Supplied By
1						
2						
3						
4						
5						

Site History Previous Three Years

20_____
20_____
20_____

Purpose of Planting

Proposed Planting Date or Period _____

Method of Planting to be Used

Materials Needed	Rate/Acre	Notes
Lime		
Fertilizer		
Herbicide		
Mulch		

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(CONTINUED)

To Be Completed by the Assisting Conservationist

Does the cooperators understand the purpose of planting?	Yes	No
Does the cooperators understand the cultural practices needed?	Yes	No
Does the site meet the requirements in the planting guide?	Yes	No
Is it conveniently located?	Yes	No
Is site separated with a fence?	Yes	No
Is it on the soil identified in the plan?	Yes	No
Will the planting be grazed?	Yes	No
When		
Has the cooperators agreed to properly manage the planting?	Yes	No
Are weed control measures needed?	Yes	No
Will weeds be managed?	Yes	No
Will field and equipment be checked prior to planting?	Yes	No
Does the cooperators need assistance with planting?	Yes	No
Will NRCS personnel assist with planting?	Yes	No
Will follow-up assistance be provided?	Yes	No
To periodically check on the planting?	Yes	No
To complete required evaluations?	Yes	No

Attach additional notes and instructions to this form as needed.

Evaluations to be conducted:

Comments:

I understand that this planting is for research and demonstration purposes and agree to participate in the establishment, maintenance and evaluation of this planting.

Cooperator:	Name/Signature _____	Date _____
Submitted By:	Name/Signature _____	Date _____
Approved (SCD):	Name/Signature _____	Date _____
Approved (PM):	Name/Signature _____	Date _____

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FORM INSTRUCTIONS

These instructions will assist in completing form NRCS-ECS-9.

Planting Number

Enter the unique number assigned by the Plant Materials Center staff or Plant Materials Specialist for this planting. The format for field plantings is identified in the National Plant Materials Manual, sections 540.14(F)(5) and 520.66. This number should correspond to a POMS database record if applicable.

Field Office

The name of the primary field office involved with the planting (if applicable).

Cooperator

The name of the land owner, individual or organization cooperating with this planting

Phone Number

The phone number and/or email address of the cooperator

Address

The address of the cooperator where the planting will occur

State

The state where the planting will occur

County

The county where the planting will occur

MLRA

Major Land Resource Area; enter the MLRA code of the area where the planting will occur. MLRAs can be found at <http://soils.usda.gov/survey/geography/mlra/>

Township

Township name where the planting is planned (if applicable). This is used in the Public Land Survey System (PLSS). For more information and online access to PLSS maps, go to http://www.geocommunicator.gov/GeoComm/Isis_home/home/index.html

Range

Range where the planting is planned (if applicable). This is used in the Public Land Survey System (PLSS). For more information and online access to PLSS maps, go to http://www.geocommunicator.gov/GeoComm/Isis_home/home/index.html

Section

Section where the planting is planned (if applicable). This is used in the Public Land Survey System (PLSS). For more information and online access to PLSS maps, go to http://www.geocommunicator.gov/GeoComm/Isis_home/home/index.html

Latitude

The geographic latitude of the planting location in decimal degrees or degrees, minutes, and seconds

Longitude

The geographic longitude of the planting location in decimal degrees or degrees, minutes, and seconds

Location Map Provided

A separate location map should be included with this plan. Check the box if you provided a map.

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FORM INSTRUCTIONS

(Continued)

Soil

Web versions of soil survey maps can be obtained at http://soils.usda.gov/survey/online_surveys. List the soil series or soil complex at planting location

Texture

List the dominant soil texture at the planting location

Soil Modifier

List the dominant soil modifier at the planting location - if applicable

Slope

The slope at the planting location, as a percentage

Aspect

The exposure of the site; check the box(es) corresponding to the planting location exposure - N = north, S = south, E = east, W = west; more than one box may be checked

Elevation

The site elevation at the planting location. Check one box, either "ft" for feet or "m" for meters to indicate the unit of measurement represented

Annual Precipitation

Indicate the site's mean annual precipitation. The range in precipitation assigned to the soil series or soil complex is recommended. Check one box, either "in" for inches or "mm" for millimeters to indicate the unit of measurement represented

Irrigation Available

Check "yes" or "no" to indicate if irrigation water is available for the site

Number of acres to be Planted/Seeded

Indicate the number of acres that will be planted. If less than an acre, note square feet instead.

Scientific Name/Common Name

The Latin scientific name or the common name of the plant to be used

Cultivar/Release Name

The cultivar or release name of the plant to be used, if applicable

Accession Number

The assigned accession number of the accession to be planted (example 9076517 western wheatgrass), if applicable

Seeding/Planting Rate

Indicate the seeding rate or the planting rate. For example, for seed - pounds per acre, or number of plants per acre

Amount Needed

The quantity of material necessary to complete the planting for the site (seed should be listed in PLS (pure live seed

Supplied By

The name of the PMC, individual, organization or company that will provide the planting materials

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FORM INSTRUCTIONS

(Continued)

Site History Previous Three Years

20__ Enter the year number; then in the space provided, describe the site's use and/or condition for the year indicated. Enter this data for the past three years, one year per row.

Purpose of Planting

Describe the purpose of the planting

Proposed Planting Date or Period

Indicate the date or range of dates when the planting will take place

Method of Planting

Indicate how the material will be planted – drill, broadcast (hand-planted), aerial, hydro-seed, etc.

Materials Needed

Listed are the most common materials that may be required for the planting. Lime, Fertilizer, Herbicide and Mulch are identified – if these materials are recommended, indicate the quantity needed in the **Rate/Acre** field. In the **Notes** field, indicate any specific instructions, directions or methods of application. There is one additional line available to record materials needed or recommended that are not listed.

To be Completed by the Assisting Conservationist

Answer Yes or No to each question and fill in any blanks as applicable

Evaluations to be conducted

Indicate what plant parameters will be evaluated with this planting, e.g. rate of seedling emergence, rate of growth, rate of spread, mature height, flowering date, seed maturity date, seed shatter, drought tolerance, insect or disease problems, overwinter survival, etc.

Comments

Include any important comments related to the Planting Plan

Signatures

Fill in appropriate names and obtain signatures to finalize the agreement and responsibilities for planning the planting.