New Castle Conservation District - Cover Crop Program Certification Form Planting Deadline is October 31, 2023 Destruction Deadline is June 1, 2024

Farmers Name:\_\_\_\_\_

CS#

|        |         |              |                       |                  | Farmer/La       | andowner Portion   |       |                    |                    |   |                   |
|--------|---------|--------------|-----------------------|------------------|-----------------|--|-------|--------------------|--------------------|---|-------------------|
| Farm # | Tract # | Farm<br>Name | Type of<br>Cover Crop | Acres<br>Planted | Seeding<br>Date | Planting Method<br>(no-till, aerial,<br>broadcast &<br>incorporated,<br>broadcast,<br>conventional drill,<br>etc.) |       | Acres<br>Harvested | Acres<br>Destroyed | Destruction<br>Method<br>(chemical,<br>tillage,<br>or green chop) | Date<br>Destroyed |
|        |         |              |                       |                  |                 |  |       |                    |                    |   |                   |
|        |         |              |                       |                  |                 |  |       |                    |                    |   |                   |
|        |         |              |                       |                  |                 |  |       |                    |                    |   |                   |
|        |         |              |                       |                  |                 |  |       |                    |                    |   |                   |
|        |         |              |                       |                  |                 |  |       |                    |                    |   |                   |
|        |         |              |                       |                  |                 |  |       |                    |                    |   |                   |
|        |         |              |                       |                  |                 |  |       |                    |                    |   |                   |
|        |         |              |                       |                  |                 |  |       |                    |                    |   |                   |
|        |         |              |                       |                  |                 |  |       |                    |                    |   |                   |
|        |         |              |                       |                  |                 |  |       |                    |                    |   |                   |
|        |         |              |                       |                  |                 |  |       |                    |                    |   |                   |
|        |         |              |                       |                  |                 |  |       |                    |                    |   |                   |
|        |         |              |                       |                  |                 |  |       |                    |                    |   |                   |
|        |         |              | Total                 |                  |                 |  | Total |                    |                    |   |                   |

Participant Signature for Planting



Seed Testing cost-share requested.

Seed certification attached.

Aerial or seed test invoices attached.

Date