WORCESTER SOIL CONSERVATION
COVER CROP PROGRAM TRACKING WORKSHEET

Name: _____ **Cell Phone :** _____ **Email:**_____

Program Year: _____ **SSN/FID: XXX-XX-**_____ / _____ **Nutrient Mgt: NMP**_____ **AIR**_____

Agreement No: _____ **NRCS Cover Crop Participation:** **Yes** **No** **If Yes, NRCS Acres** _____
(For MDA Use) **(circle one)**

Farm/Tract	Field #s	Acres	Spring Manure App (Yes/No)	Previous Crop (C SB VEG SORG)	Crop Planted (Cover)	Planting Method (CONV/NOTILL/ AERial-AIR / RD BroadCast-LT/SC)	Planting Date	Spring Kill-down Method (Herb/Plow/ Green Chop)	Spring Kill-down Date

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COVER CROP PROGRAM TRACKING FORM

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