United States Department of Agriculture

Natural Resources Conservation Service

Seeding Plan

Criteria Revision Update 5/26/2020 Species Information Update 5/26/2020

Name **IL CP2 Wet Mix** Date **10/22/2026**

Prepared by **Shooting Star Native Seeds** Tract No.

Field No.

Program: Field Area (acres): Contract No.

Type of Seeding:

Source Identified Ecotype Seed: Within 300 miles of planting location ☐ Required ☐ Preferred

Seeding Plan

Grasses	Scientific Name	Common Name	PLS Lbs/Acre	PLS Lbs	
1	*Andropogon gerardii*	Bluestem, Big	1.00	0.00	$0.00
2	*Carex vulpinoidea*	Sedge, Fox	0.020	0.00	$0.00
3	*Elymus virginicus*	Wildrye, Virginia	1.00	0.00	$0.00
4	*Panicum virgatum*	Switchgrass	0.40	0.00	$0.00
5	*Poa palustris*	Bluegrass, Fowl	0.040	0.00	$0.00
6	*Scirpus atrovirens*	Bulrush, Green	0.020	0.00	$0.00
7	*Scirpus cyperinus*	Woolgrass	0.020	0.00	$0.00
		SUBTOTAL GRASSES	**2.50**	**0.00**	**$0.00**

Forbs/Legumes	Scientific Name	Common Name	PLS Lbs/Acre	PLS Lbs	
1	*Alisma subcordatum*	Water Plantain, American	0.0020	0.00	$0.00
2	*Asclepias incarnata*	Milkweed, Swamp	0.010	0.00	$0.00
3	*Veronicastrum virginicum*	Culver's Root	0.0050	0.00	$0.00
4	*Hypericum ascyron*	St. Johnswort, Great	0.010	0.00	$0.00
5	*Mimulus ringens*	Monkeyflower, Allegheny	0.0030	0.00	$0.00
6	*Liatris pycnostachya*	Blazing Star, Prairie	0.010	0.00	$0.00
7	*Verbena hastata*	Verbena, Swamp (Blue)	0.010	0.00	$0.00
		SUBTOTAL FORBS	**0.050**	**0.00**	

Sub-Shrub	Scientific Name	Common Name		PLS Lbs / Acre	PLS Lbs	
			2000	**0.00**	**0.00**	
TOTAL				**2.55**	**0.00**	

Soil Amendments	General ☑ Soil Test ☐	Total Needed lbs/ac
Lime (ECCE) (Actual Lime)		
Nitrogen		
Phosphate (P205)		
Potash (K20)		

Seeding Dates: Option 1 Option 2

Companion/Nurse Crop:	NA	NA
512 Only Companion/Nurse Crops: *Not to exceed 32lb/ac.	Corn 15,000 seeds/ ac (ONLY IF A COMPANION TO A EASTERN GAMAGRASS SEI	

Seeding Depth and Method (drilled or broadcast)	
Additional Seeding Criteria:	

CERTIFICATION

Extent of Practice Applied (treatment acres):			
Date of Application:		**Location of Practice:**	

Document actual preparation measures used & applied (note alterations between design specifications & installation)**:**

I certify that this practice, as implemented, meets NRCS standards and specifications.

NRCS Signature: _____ Date: _____

When seeding is completed, return the seeding plan, receipts and seed tags to:

The Natural Resources Conservation Service for NRCS Programs

The Farm Service Agency for FSA Programs

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