|  |  |  |  |
| --- | --- | --- | --- |
| Client |  | Date |  |
| Farm/Tract |  | Field(s) |  |
| Location |  | Acres |  |
| Planner |  | CINs (if applicable) |  |

# Purpose/Management Objectives (check one or more)

\* Create the desired plant community consistent with the ecological site or a desired state within the site description.

\* Restore or release desired vegetative cover to protect soils, control erosion, reduce sediment, improve water quality, or enhance hydrology.

\* Maintain, modify, or enhance fish and wildlife habitat.

\* Improve forage accessibility, quality, and quantity for livestock and wildlife.

\* Manage fuel loads to achieve desired conditions.

\* Pervasive plant species are controlled to a desired level of treatment that will ultimately contribute to creation or maintenance of an ecological site description “steady state” addressing the need for forage, wildlife habitat, and/or water quality.

| Goals/Objectives: |
| --- |
|  |

# Maps included with this specification

* + Plan map showing area to be treated, areas not being disturbed, and any sensitive areas
  + Soil map

# Desired Plant Communities and Target Brush Species

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Desired Plant Community Composition, Structure, and Function | Target Species | Pervasive\*? | % Cover (before) | %Cover (after) |
|  |  | Yes  No |  |  |
|  |  | Yes  No |  |  |
|  |  | Yes  No |  |  |

\*See PIA Pervasive Plant List in eFOTG, Section IV, 314 Folder.

# Monitoring Plan

Monitoring is done to assess degree of brush control and to identify areas needing further treatment.

Monitoring will be performed by NRCS and/or landowner at least annually at the end of the growing season following treatment.

Percent cover or density of the target species (see item 2 above) will be measured and compared to desired percent cover or density (% cover after (item 2 above)). If the measured amount is less than or equal to the desired amount, this practice is to be considered complete.

| Additional Narrative: |
| --- |
|  |

1. **Selected Treatment Method (check one)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Large Equipment (tractor, excavator, etc.) |  | Mowing |
|  | Hand Treatment (loppers, chain saw, etc.) |  | Other (Describe): |

# Kind of Equipment and any modifications necessary to enable the equipment to complete the job.

| Additional Narrative: |
| --- |
|  |

# Timing or Season

Dry season operations will be done in a manner consistent with fire safety precautions and in compliance with local, state, and federal fire regulations. Activities performed under this practice will be achieved in a manner in consideration of fire and fuel loading issues regardless of the timing of the treatment. Timing will also consider any mitigation necessary for sensitive species in the area that may be impacted by this practice.

| Additional Narrative: |
| --- |
|  |

1. **Operating Instructions**

Prior to arriving at the treatment site, all equipment and vehicles will be cleaned in order to reduce the introduction or spread of noxious weeds. Where tracked vehicles are used, turning in-place will be minimized to avoid unnecessary impacts to soils, non-target plants, or other resources.

| Additional Narrative: |
| --- |
|  |

# Mechanical Treatment Schedule

Include all mechanical treatments needed to achieve effective control of the target plant species. This includes any additional mechanical treatments needed to achieve effective control of pervasive plant species.

|  |  |  |
| --- | --- | --- |
| Treatment unit | Planned Treatment Year | Planned Acres |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\*If any other type of treatment besides mechanical is required, see the appropriate IR.

# Revegetation Requirements

Identify the appropriate revegetation practice to follow treatment to ensure the resource concern is addressed.

| Additional Narrative: |
| --- |
|  |

# Wildlife Requirements

All work will be performed at times that meet the needs of resident and transient wildlife. Additional avoidance measures may be required if Threatened, Endangered, or Special Status species or their habitat is found on-site. Describe avoidance and minimization (A&M) measures determined in Biology Tech Note 18 Attachment A. Examples of A&M measures include avoiding sensitive times of year or other BMPs to minimize effect on wildlife.

| Additional Narrative: |
| --- |
|  |

# Cultural Resources

All work will be performed in accordance with the requirements of the cultural resource review.

| Additional Narrative: |
| --- |
|  |



# Additional Requirements

Prior to commencement of any mechanical clearing, a utility check must be completed to make sure all underground utilities are avoided. The landowner/ operator or contractor shall call 1-866-423-7287 or 811 or appropriate local utilities to determine the existence of utilities at least 5 days prior to excavation.

| Additional Narrative: |
| --- |
|  |

1. **Operation and Maintenance**

* Monitor each year to evaluate desired plant community and any regrowth or recurrence of target pest species. Apply appropriate spot treatments as needed to maintain desired plant community.
* Review and update the plan annually to incorporate new IPM technology.
* Maintain mitigation techniques selected to ensure continued effectiveness. This may include a grazing plan (see Prescribed Grazing for details), which may include deferment, to improve the health and vigor of desired perennial herbaceous species or seeding to provide desired understory vegetation.

**Design Approval**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Practice code  No. | Practice | Lead  Discipline | Controlling factor | Units | Job class | | | | |
| I | II | III | IV | V |
| 314 | Brush Management | Graz Land Spec | Slope | Percent | 0 - 15 | 16 - 25 | 26 - 35 | All | All |
| Treatment Area | Acres | 25 | 50 | 100 | 200 | All |
| **This practice is classified as Job Class (check one):** | | | | |  |  |  |  |  |

Design Approved By: /s/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job title/JAA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Client’s Acknowledgement Statement

The Client acknowledges that:

1. They have received a copy of the specification and understand the contents and requirements.
2. It shall be the responsibility of the client to obtain all necessary permits and/or rights, and to comply with all ordinances and laws pertaining to the application of this practice.
3. The completed job shall be workmanlike and present a good appearance. The contractor or participant shall conduct all work in accordance with proper safety procedures.
4. After the practice has been completed, a site inspection will be made to determine whether the practice was properly applied and adequate control has been achieved. A practice certification form will be completed by the planner.

Accepted By: /s/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Certification

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Treatment unit | Area Treated | Method of Measurement | Inspection Date | Inspector | Certified? |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |

Map(s) – including field numbers, fields treated, and acres treated

Photo monitoring

Other:

Brief Description/Notes

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have completed a review of the information provided by the client and certify this practice has been applied according to the practice standard and the practice implementation requirements above.

Certified By: /s/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_