

BRUSH MANAGEMENT - CHEMICAL

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

1. 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:

2. Maps included with this specification

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

3. Desired Plant Communities and Target Brush Species

Desired Plant Community Composition, Structure, and Function	Target Species	Pervasive*?	% Cover (before)	%Cover (after)
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

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

4. 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.

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BRUSH MANAGEMENT - CHEMICAL**5. Selected Treatment Method (check one treatment and one application)**

<input type="checkbox"/>	Broadcast Treatment	<input type="checkbox"/>	Individual Plant Treatment (IPT aka spot treat)
<input type="checkbox"/>	Foliar Application	<input type="checkbox"/>	Basal Application
<input type="checkbox"/>	Soil Application	<input type="checkbox"/>	Cut-Surface (injection, notching, cut-stump, frilling) Application

BRUSH CONTROL CHEMICAL ALTERNATIVES				
	Alt. No. 1	Alt. No. 2	Alt. No. 3	Alt. No. 4
Target Species				
Chemical				
Rate				
Acceptable Dates or Plant Growth Stage for Application				
WIN-PST Rating				
Remarks				
Caution				
Source of Recommendation				

➤ All chemicals will be applied according to label instructions.

➤ WinPST evaluations are attached. Ratings of Intermediate or higher require mitigation measures as described below.

☐ ➤ Integrated Pest Mgt. 595 is required to mitigate potential hazards.

Any special mitigation, timing considerations or other factors (such as soil texture and organic matter content) that must be considered to ensure the safest, most effective application of the herbicide:

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

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BRUSH MANAGEMENT - CHEMICAL**7. 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.

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8. Chemical Treatment Schedule

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

Treatment unit	Planned Treatment Year	Planned Acres

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

9. 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.

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10. 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.
- Develop a safety plan for individuals exposed to pesticides
- Follow labels requirements for mixing/loading setbacks from wells, streams, rivers and natural or impounded pond and reservoirs.
- Post signs according to label directions and/or Federal, state and local laws around treated sites. Follow restricted entry intervals.
- Dispose of pesticide containers according to label directions and Federal, state and local regulations.
- Calibrate application equipment according to University of Hawaii Cooperative Extension and/or manufacturer recommendations before each seasonal use and with each major chemical change.

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- Replace worn nozzle tips, cracked hoses and faulty gages.
- Handle all pesticides with caution and wear appropriate protective clothing according to label instructions.
- Maintain appropriate Material Safety Data Sheets (MSDS).
- Maintain records of pesticide application for restricted use materials as per the Hawaii Department of Agriculture record keeping requirements.

11. References

NRCS does not develop chemical treatment recommendations; however, NRCS can provide current acceptable chemical control references. A list of these references is below:

- <https://www.ctahr.hawaii.edu/invweed/weedsHi.html>
- <https://www.ctahr.hawaii.edu/invweed/farmers.html>
- <https://www.ctahr.hawaii.edu/oc/freepubs/pdf/WC-10.pdf>
- <http://www.epa.gov/espp/>

Design Approval

Practice code No.	Practice	Lead Discipline	Controlling factor	Units	Job class				
					I	II	III	IV	V
314	Brush Management	Graz Land Spec	Treatment Area	Acres	<10	10-100	All	All	All
This practice is classified as Job Class (check one):					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Design Approved By: /s/ _____ Date: _____

Job title/JAA _____

Client's Acknowledgement Statement

The Client acknowledges that:

- a. They have received a copy of the specification and understand the contents and requirements.
- b. 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.
- c. 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.
- d. Certification documentation (see below) must be provided to NRCS by the client before the practice can be certified as applied.
- e. After the practice has been completed, and documentation submitted, 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: _____

BRUSH MANAGEMENT - CHEMICAL**Certification:**

The client has provided one of the required **certification documentation options** (acceptable forms of documentation are listed below), it has been reviewed, meets the specifications and will be placed in the case file.

☐ Applicators log / receipts from applicator

☐ Client Documentation Worksheet

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

☐ 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 _____

BRUSH MANAGEMENT - CHEMICAL**Client Documentation Worksheet**

Alternative Selected:

☐ Alternative 1☐ Alternative 2☐ Alternative 3☐ Alternative 4

Examples in grey

Field No(s)	Date Treated	Applicator Name	Wind Speed/ Direction	Weather*/ Air Temp.	Equipment Used**	Product Name: List all Herbicides, water conditioner, surfactants, or dyes used.	Rate (per acre)	Acres Treated	Total Chemical Used	Amt Water used
14	9/10/2014	Western Spray Inc.	5 mph, S-SE	Partly cloudy, 65 F	UTV sprayer	Product name (Active Ingredient)	4 oz/ac	45	180 oz	10 gal/ac

*Clear, partly cloudy, overcast, showers, etc.

** Back pack sprayer, ATV, Boom sprayer, etc

Comments:
