

NATURAL RESOURCES CONSERVATION SERVICE
MONTANA CONSERVATION PRACTICE JOB SHEET

BRUSH MANAGEMENT (ACRE)

CODE 314

| | | | |
|--------------|----------|-------|-----------|
| PRODUCER | FARM NO. | TRACT | FIELD NO. |
| CONTRACT NO. | CIN | ACRES | DATE |
| | | | JOB CLASS |

SCOPE

This job sheet provides guidance for the design and implementation of Brush Management.

Objectives of treatment:

Ecological Site(s): _____ Similarity Index Rating(s): _____

Area of Treatment (ac.): _____ Slope: _____ Aspect: _____

Potential Production (lbs./ac.) of Site: _____ Current Production (lbs./ac.) of Site: _____

Current Plant Community (list species and percentages or attach rangeland inventory worksheet):

Target Brush Species: 1) _____ 2) _____

Current % Canopy Cover of Target Species: _____ OR Current % Composition by Weight: _____

Potential % Canopy Cover of Target Species: _____ OR Potential % Composition by Weight: _____

Method of determining degree of infestation (attach worksheets): _____

Age Class Distribution of Target Species: _____

Planned Canopy Cover of Target Species: _____ OR Planned % Composition by Weight: _____

Degree of reduction agreed upon by NRCS and producer to meet objectives: _____

SELECTED TREATMENT—[CHECK METHOD(S) PLANNED]

- Chemical Application
- Mechanical Application
- Prescribed Burning [see FOTG, Section IV, Specification for Prescribed Burning (Code 338)]
- Biological
- Grazing [see FOTG, Section IV, Specification for Prescribed Grazing (Code 528)]
- Insect

POTENTIAL IMPACTS TO OTHER RESOURCES

Wildlife Considerations (T&E SPECIES, STATE SPECIES OF CONCERN, SEASONAL HABITAT REQUIREMENTS, ETC.):

Cultural Resource Concerns: _____

Has the appropriate paperwork been submitted to the Cultural Resources Specialist? YES NO

Recreation Impacts and Aesthetic Changes:

Onsite and Offsite Impacts to Riparian Areas, Wetlands, or Waterways:

CHEMICAL APPLICATION*

Aerial Application Ground Application

Chemicals to be used:

Recommended application rates: _____

Acceptable dates of treatment: _____

Stage of growth: _____

Carriers used, if any: _____

Special application techniques:

* Producer is to abide by all applicable federal, state, and local laws and regulations. Follow all label directions and heed all precautions on the container label.

MECHANICAL APPLICATION

Kind of equipment:

Optimum dates of control:

Specific techniques or procedures:

Erosion protection needed post-treatment:

BIOLOGICAL TREATMENT

Kind of biological agent or grazing animal:

Season and dates of treatment: _____

Duration of treatment: _____

Planned degree of use on target species: _____ Maximum degree of use on non-target species: _____

Number of livestock planned (AU's): _____

Special techniques:

PRESCRIBED BURNING TREATMENT

See FOTG, Section IV, Standard and Specification for Prescribed Burning (Code 338).

Yes No Attach Standard, Prescribed Burning (Code 338), Exhibit 2, Plan and Application Worksheet.

JOB SKETCH—PLAN DESIGN

Include plan map showing location of practice application.

ADDITIONAL SPECIFICATION SHEETS NEEDED TO APPLY THIS PRACTICE

| | | | | |
|--|--------------------------|------------|--------------------------|-----------|
| Prescribed Burning (Code 338) | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Prescribed Grazing (Code 528) | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Range Planting (Code 550) | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Wetland Wildlife Habitat Management (Code 644) | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Upland Wildlife Habitat Management--Required (Code 645) | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

Other (specify):

SPECIAL PROVISIONS

None See attached sheet

MANAGEMENT AFTER TREATMENT

Deferment Period: All treated acres grazed by livestock after brush management is implemented must be deferred from livestock grazing for the next two growing seasons following the treatment.

MT314-JS4

- Prescribed Grazing: A prescribed grazing plan must be applied to the treated acres for the life of the practice (at least 10 years) after the period of deferment is completed.

Additional Specifications and Notes:

OPERATIONS AND MAINTENANCE

- Brush management practices shall be applied using approved materials and procedures. Operations will comply with all local, state, and federal laws.

- Some regrowth, resprouting, or regeneration of target brush species should be expected. Spot treatment of individual plants will be applied as needed to meet objectives.

- Abnormal conditions following treatment such as drought, low vigor of desirable grasses, or invasion of undesirable plants may require extension of the grazing deferment period.

- In order to accomplish objectives and improve rangeland condition, a prescribed grazing plan will be implemented following treatment to encourage improvement of the desired grasses and forbs in the community.

APPROVALS

I have reviewed the special provision, drawings, and specifications and agree to construct this project in accordance with them.

Producer

Date

This practice is designed and planned according to NRCS Standards and Specifications.

NRCS Conservationist

Job Approval Authority

Date

Date

NATURAL RESOURCES CONSERVATION SERVICE
MONTANA PRACTICE CERTIFICATION SHEET

BRUSH MANAGEMENT (ACRE)

CODE 314

AREA OF TREATMENT (AC) _____

APPLIED TREATMENT [CHECK METHOD(S)]

Chemical Treatment Aerial Application Ground Application Applied as designed, or:

Chemicals applied: _____

Rate of application: _____

Dates of treatment: _____

Carriers (non-diesel) used, if any: _____

Mechanical Treatment Applied as designed, or: _____

Kind of equipment and techniques applied: _____

Dates of treatment: _____

Erosion protection applied post-treatment: _____

Yes No Practice Standard, Range Planting (Code 550), will be applied post-treatment.

Prescribed Burning Applied as designed, or: _____

Yes No Attach Standard, Prescribed Burning (Code 338), Ex. 2, Plan and Application Worksheet.

Biological Treatment Applied as designed, or: _____

Grazing Insect Other: _____

Kind of biological agent or grazing animal used: _____

Dates of treatment application: _____

Number of livestock grazed (AU's): _____

Degree of use obtained on target species: _____ Degree of use on non-target species: _____

TREATMENT EVALUATION

Objectives met: _____

Resulting canopy cover or production of target species: _____

Herbaceous vegetation response: _____

Follow-up treatment needed: None _____

Wildlife habitat evaluation: _____

Additional notes: _____

CERTIFICATION:

I hereby certify that this practice has been installed in accordance with NRCS standards and specifications.

NRCS Conservationist

Job Approval Authority

Date

Date