

NATURAL RESOURCES CONSERVATION SERVICE
MONTANA CONSERVATION PRACTICE JOB SHEET

WETLAND RESTORATION (ACRE)

CODE 657

Landowner _____ Field/Management Unit _____ Date _____

Legal Description _____ Contract Item Number _____ Area (Acres) _____ Job Class _____

Wetland Class/Subclass (Cowardin et. al.): Existing _____ Planned _____

HGM or MDT Functional Assessment: Existing _____ Planned _____

List Functions (HGM Method): _____

Target Wildlife Species / Species Groups: _____

Wildlife Habitat Objectives (water depths, vegetation types, etc. required for nesting, breeding, etc.): _____

Maximum/Minimum Water Depth: Existing _____ Planned _____

Historic Vegetation Establishment: Natural Regeneration and/or Seeding/Sprigging, etc.

Will introduced plant species be used? YES NO EXPLAIN: _____

NATIVE HYDROPHYTIC PLANT SPECIES: (PLANNED / INSTALLED)

SPECIES	WETLAND INDICATOR	LBS. SEED OR SPRIGS / ACRE	% OF MIX
/	/	/	/
/	/	/	/
/	/	/	/
/	/	/	/

INTRODUCED HYDROPHYTIC PLANT SPECIES: (PLANNED / INSTALLED)

SPECIES	WETLAND INDICATOR	LBS. SEED OR SPRIGS / ACRE	% OF MIX
/	/	/	/
/	/	/	/
/	/	/	/
/	/	/	/

Does adequate upland nesting habitat exist (or is it planned) for dabbling ducks and shorebirds? YES NO

EXPLAIN: _____

Percent open water in wetted area: Planned _____ Installed _____

Slope on outside perimeter of wetland (Use local reference wetlands): Planned _____ Installed _____

Slope on Islands (if applicable): Planned _____ Installed _____

Maintenance Plan: Required Inspections Schedule: _____ Functions Evaluation: _____

Hydrology Evaluation: _____

MT657-JS2

An adequate upland vegetative buffer exists (or is planned) to protect the wetland from excess sediment/nutrients:

YES REMARKS: _____

Soils: _____

Water Source (ground, surface, artificial): _____

Water Quality Constraints: _____

Portion of the Year When Flooded / Saturated: _____

Is excavation required to remove fill or deposition (i.e., Farmed Wetlands)? COMMENTS: _____

Surface Drainage Removal: ditches filled: YES NO

Subsurface Drainage Removal: Amount of Drain Pipe Removed (minimum is 50 feet). _____ FEET

Were off-site properties considered prior to drain removal? YES EXPLAIN: _____

List all other practice job sheets required to implement this practice: _____

List all local, state, federal permits required to implement this practice: _____

REMARKS: _____

APPROVALS:

NRCS Conservationist

JOB APPROVAL AUTHORITY

Date

Producer

Date

CERTIFICATION STATEMENT:

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

NRCS Conservationist

JOB APPROVAL AUTHORITY

Date

Date

Date