



NATURAL RESOURCES CONSERVATION SERVICE
**EARLY SUCCESSIONAL
HABITAT DEVELOPMENT/MANAGEMENT (ACRE)**
CODE 647
MONTANA CONSERVATION PRACTICE JOB SHEET

LANDOWNER/OPERATOR _____ FARM NUMBER _____ TRACT _____ DATE _____
ADDRESS _____ PLANNED INSTALLATION DATE _____
LEGAL DESCRIPTION _____ SECTION _____ TOWNSHIP _____ RANGE _____
PROGRAM, IF APPLICABLE _____ CONTRACT NO. _____ CONTRACT ITEM NO. _____

Plant Community Description: Existing _____ Planned _____

Soils: _____

Number of Acres to be Developed or Managed: _____

Target Wildlife Species / Species Groups: _____

Wildlife Habitat Appraisal Guide (or other approved habitat assessment) **Rating:** Existing _____ Planned _____

NOTES: _____

Wind, Erosion, Water Quality Constraints: _____

Seeding is YES NO **part of this practice.** REMARKS: _____

ESTABLISHMENT AND MAINTENANCE INTERVAL DATES: PLANNED / APPLIED (P / A)

PRACTICES	1ST YEAR	2ND YEAR	3RD YEAR	4TH YEAR	5TH YEAR
MOW DATES	P / A	P / A	P / A	P / A	P / A
DISC DATES	P / A	P / A	P / A	P / A	P / A
BURN DATES	P / A	P / A	P / A	P / A	P / A
GRAZE DATES	P / A	P / A	P / A	P / A	P / A
SEEDING DATES	P / A	P / A	P / A	P / A	P / A
FALLOW DATES	P / A	P / A	P / A	P / A	P / A

Grazing plan is attached: YES NO EXPLAIN: _____

List and attach applicable conservation practice specifications/job sheets to implement this practice: _____

REMARKS: _____

APPROVED:

I have reviewed this plan and concur with the design.

Cooperator

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