

NATURAL RESOURCES CONSERVATION SERVICE  
MONTANA CONSERVATION PRACTICE JOB SHEET  
**WETLAND ENHANCEMENT (ACRE)**

**CODE 659**

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

**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/AC.	% OF MIX
/	/	/	/
/	/	/	/
/	/	/	/
/	/	/	/

**INTRODUCED HYDROPHYTIC PLANT SPECIES: (PLANNED / INSTALLED)**

SPECIES	WETLAND INDICATOR	LBS. SEED OR SPRIGS/AC.	% 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:** \_\_\_\_\_

**MT659-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: \_\_\_\_\_

**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