NATURAL RESOURCES CONSERVATION SERVICE
MONTANA CONSERVATION PRACTICE JOB SHEET

WETLAND ENHANCEMENT (ACRE)

CODE 659

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: _____

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: _____

_____

_____

_____

Reset Job Sheet Print Job Sheet

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