

U.S DEPARTMENT OF AGRICULTURE  
NATURAL RESOURCES CONSERVATION SERVICE  
CALIFORNIA

**PRACTICE REQUIREMENTS  
FOR  
338 - PRESCRIBED BURNING**

For: Business Name \_\_\_\_\_  
Job Location \_\_\_\_\_  
County \_\_\_\_\_ RCD \_\_\_\_\_ Farm/Tract No. \_\_\_\_\_  
Referral No. \_\_\_\_\_ Prepared By \_\_\_\_\_ Date \_\_\_\_\_

**IT SHALL BE THE RESPONSIBILITY OF THE OWNER TO OBTAIN ALL NECESSARY PERMITS AND/OR RIGHTS, AND TO COMPLY WITH ALL ORDINANCES AND LAWS PERTAINING TO THIS INSTALLATION.**

Installation shall be in accordance with the burning plan requirements. NO CHANGES ARE TO BE MADE IN THE BURN PLAN WITHOUT PRIOR APPROVAL OF THE LEAD AGENCY.

1. Lead Agency: a. \_\_\_\_\_ California Department of Forestry, phone: \_\_\_\_\_  
b. \_\_\_\_\_ USFS, \_\_\_\_\_ Ranger District, phone: \_\_\_\_\_  
c. \_\_\_\_\_ Local Fire District, phone: \_\_\_\_\_  
d. \_\_\_\_\_ phone: \_\_\_\_\_  
e. CDF Permit yes \_\_\_\_\_ no \_\_\_\_\_  
f. Air Pollution Control District Permit yes \_\_\_\_\_ no \_\_\_\_\_  
g. Burn Plan Attached:  Yes  No

2. Species to be burned: \_\_\_\_\_

3. Special Requirements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Special Maintenance Requirements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRACTICE APPROVAL:**

Job Classification:

Show the limiting elements for this job. This job is classified as, Class \_\_\_\_\_

<u>Limiting elements:</u>	<u>Units</u>
<u>Area treated</u> _____	_____ ac
<u>Land Slope</u> _____	_____ %
_____	_____
_____	_____

Plan Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**LANDOWNER'S/OPERATOR'S ACKNOWLEDGEMENT:**

The landowner/operator acknowledges that:

- a. He/she has received a copy of the burn plan and specifications, and that he/she has an understanding of the contents, and the requirements.
- b. He/she has obtained all the necessary permits.
- c. No changes will be made in the installation of the job without prior concurrence of the lead agency.
- d. Maintenance of the installed work is necessary for proper performance during the project life.

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

**PRACTICE COMPLETION:**

I have made an on site inspection of the site (or I am accepting owner/contractor documentation), and have determined that the job as applied does conform to the practice specifications.

Completion Certification by:

/s/ \_\_\_\_\_ Date \_\_\_\_\_