

383 Fuel Break

Owner _____ Operator I.D. _____ Date _____
 Operator _____ Tract _____ Field (s): _____
 Contract Number _____ Contract Item Number (s): _____
 Field Office _____

MANDATORY DOCUMENTATION WITHIN THE PLAN

- *Identification of the extent of practices applied,
 - *Location identification, this can be an aerial photo, reference to the conservation plan map, or a sketch in the plan drawings (legal description is required),
 - *Environmental Evaluation NRCS-CPA-052,
 - *Documentation of necessary permits – federal, state, tribal, local - as applicable, and
 - *Site-specific practice specification
- Copy of existing Forest Management/Stewardship Plan



The following additional data are needed for the specific practices listed.

Check Use the Check Box to indicate the Requirements are met.

Check Box	Requirements	COMMENTS
<input type="checkbox"/>	Dimensions of water control structures.	_____
<input type="checkbox"/>	Equipment used.	_____
<input type="checkbox"/>	Fire resistant species identified.	_____
<input type="checkbox"/>	Maintenance plan.	_____
<input type="checkbox"/>	Pruning requirements.	_____
<input type="checkbox"/>	Seeding plan.	_____
<input type="checkbox"/>	Seeding plan.	_____
<input type="checkbox"/>	Slash disposal needed.	_____
<input type="checkbox"/>	Soil Reports-Damage by Fire and Seedling Mortality on Forestland	_____
<input type="checkbox"/>	Soils.	_____
<input type="checkbox"/>	Thinning requirements.	_____
<input type="checkbox"/>	Vegetation to be established or managed.	_____
<input type="checkbox"/>	Weed and brush control.	_____
<input type="checkbox"/>	Width and length.	_____

Additional practices [supporting practices] may be necessary to implement, install, operate or maintain this practice. Check the requirements of this practice standard and provide the Practice Documentation Checklist for the necessary supporting practices.

Certification:

I have completed a review of all of the practice documentation and certify the applied practice meets NRCS specifications."

Certified by: /s/ _____ Date: _____
 Job Title: _____ JAA LEVEL: _____