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|------------------------|--|------------------|--|----------------------------|--|------------|--|
| Client/Operating Unit: | | Tract: | | Farm No.: | | Field No.: | |
| Farm/Ranch Location: | | County: | | CD/HU Code: | | Date: | |
| Program: | | Contract Item #: | | Planned Installation 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 following drawings, specifications and special requirements. NO CHANGES ARE TO BE MADE IN THE DRAWINGS OR SPECIFICATIONS WITHOUT PRIOR APPROVAL OF THE NRCS TECHNICIAN.

1. Drawings, No. _____
2. Practice Specifications: 666 _____
3. Thinning will be done during the following term period: _____
From _____ to _____
4. Acres to be treated: _____
5. Existing Conditions:
 - A) Site Index _____ Source: on-Site _____ Soil Survey
 - B) Dominant tree species _____ , _____ , _____
 - C) Average distance between trees _____
 - D) Average tree diameter _____ , Diameter range _____
 - E) Approximate number of trees per acre _____
6. Desired Forest Conditions:
 - A) Desired distance between trees _____
 - B) Desired number of trees per acre _____
7. Thinning Technique:
_____ Hand _____ Chemical _____ Mechanical
8. Release Technique:
_____ Scalping _____ Cutting Chemical _____ Mechanical _____ Mulching
9. Special Requirements: _____

PRACTICE APPROVAL:

Job Classification:

Show the limiting elements for this job.

This job is classified as, Class _____

Limiting elements:

Units

Area Improved = _____ acres

Land Slope = _____ percent

LANDOWNER'S/OPERATOR'S ACKNOWLEDGEMENT:

The landowner/operator acknowledges that:

- a. He/she has received a copy of the drawings 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 NRCS.
- d. Maintenance of the installed work is necessary for proper performance during the project life.

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 installed does conform to the drawings and practice specifications.

Completion Certification by:

PLANNER _____

DATE _____

I HAVE REVIEWED THIS PLAN AND AGREE TO INSTALL AS DESIGNED.

COOPERATOR _____

DATE _____