

Client: \_\_\_\_\_ Date: \_\_\_\_\_ Contract. No.: \_\_\_\_\_  
 Legal Desc.: \_\_\_\_\_ Field No.: \_\_\_\_\_ County: \_\_\_\_\_  
                   Sec.    Town.    Range

**Purpose/Objective (Check all that apply):**

<input type="checkbox"/>	To Encourage natural regeneration of desirable woody plants
<input type="checkbox"/>	Permit artificial establishment (planting) of woody plants
<input type="checkbox"/>	Other:

**Recommended Streamside Management Zone (SMZ) widths:**  
 Check waterbody type if applicable and complete planned and applied SMZ

Type of Stream or Waterbody	%Slope of Adjacent Lands					Planned	Applied
	0-5	6-10	11-20	21-45	46+		
	SMZ Width Each Side (feet)						
Intermittent	50	50	50	50	50		
Perennial	50	50	50	50	50		
Perennial, Trout waters	50	66	75	100	125		
Public water supplies (streams/reservoirs)	50	100	150	150	200		

**Important: Read footnote to this table!**

**Note:** SMZ width is measured horizontally from the stream or water body along the slope toward a disturbed or harvested area. These are recommended minimum widths which can be expanded or contracted depending on site conditions. Check FILTER STRIP – Practice Standard 393 requirements based on site conditions.

**Applicable state and local laws/rules regarding buffers supersede any recommended widths herein!**

**Species to be Naturally Regenerated, Seeded or Planted:**

	Species	Planned Trees/Acre
Naturally Regenerated		
Seeded		
Planted		

**Additional Notes:**

**Site Preparation Method(s) Planned:**

Check all that apply

	<b>Method</b>		<b>Method</b>
	FIRE – Prescribed site preparation burn		MECHANICAL – Drum Chopping
	CHEMICAL - Herbicide, Silvicide, Pesticide		MECHANICAL – KG or shearing blade
	MECHANICAL - Bedding		MECHANICAL - Disking
	MECHANICAL – Scalping, Furrowing, V-blading, Subsoiling		MECHANICAL – Rotary brush cutter, Brush mower
	MECHANICAL – Lopping with hand tools		MECHANICAL – Windrow, Piling, <i>Windrow Spacing – ft.</i>

**\* Attach additional jobsheets for all planned facilitating practices**

**Additional Notes or Planned Methods:**

**Planner/Technical Service Provider:**

Planned by \_\_\_\_\_ Date \_\_\_\_\_

Checked by \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

**Producer's Statement**

The specifics of the practice have been discussed with me, and I concur as planned.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Certification**

This practice as applied meets Florida NRCS standards and specifications for Tree/Shrub Site Preparation - Code490.

Planner/Technical Service Provider \_\_\_\_\_ Date \_\_\_\_\_