

Name _____ Date _____ Program _____

Legal Description _____ Field Number _____ County _____

Objective of applying practice _____

1. Woody species to be controlled _____

Species _____ Canopy % _____ Species _____ Canopy % _____

Species _____ Canopy % _____ Species _____ Canopy % _____

(Refer to Range Technical Note 8, Brush Management, for canopy determination guidance)

2. Treatment method(s) and location: Identify control area(s) and method(s) on ARC/GIS map and attach to form.

Method (1) _____ Acres _____

Method (2) _____ Acres _____

Planned application date _____

Planned application date _____

Method (3) _____ Acres _____

Method (4) _____ Acres _____

Planned application date _____

Planned application date _____

3. Potential impacts to other resources

**Natural Resources Conservation Service (NRCS) representative or
Technical Service Provider (TSP)**

Layout by _____ Date _____

Designed by _____ Date _____

Checked by _____ Date _____

Approved by _____ Date _____

4. Applied treatment methods:

Method (1) _____ Acres _____

Date applied _____

Method (2) _____ Acres _____

Date applied _____

Method (3) _____ Acres _____

Date applied _____

Method (4) _____ Acres _____

Date applied _____

Producer's Statement

- The design of this practice has been discussed with me and I concur with the design.
- Operation and maintenance (O&M) of this practice has been discussed with me and I agree to perform O&M for the life of the practice.

No changes are allowed without the approval of the NRCS representative or TSP.

Signature _____ Date _____

Certification

This applied practice meets Kansas standards and specifications.

NRCS representative or TSP _____ Date _____

This practice has been applied as designed.

Producer _____ Date _____

5. Post treatment management requirements

Follow label requirements for different land uses and Kansas State University recommendations for brush management treatments.