



Plant Enhancement Activity – PLT21 – Forest stand improvement pre-treating vegetation and fuels preceding a prescribed fire

State Criteria (same as NATIONAL CRITERIA)

A copy of a forest management plan that contains a management objective and outlines specific management actions pertaining to this enhancement must be provided to NRCS to support this enhancement. The plan must include a plan map which delineates areas to be treated. Consultation with a Nebraska Forest Service forester or NRCS staff with adequate job approval authority in Forest Stand Improvement is recommended to develop or review the forest management plan.

Additional Criteria for Nebraska

Treatments involving tree removal should not occur during the primary nesting period for migratory birds (April 1 to July 15) with consideration for early or late nesting species (i.e. raptors).

Documentation Requirements (SEE NATIONAL ENHANCEMENT ACTIVITY JOBSHEET)

Additional State Documentation Requirements

Complete the Table below:

To be completed by NRCS and Producer during planning			To be completed by Producer during certification		
1	2	3	4	5	6
Tract	Field	Total Acres Planned	Total Acres Applied	Management Activities Applied	Date Completed
<i>EX. T1001</i>	<i>1</i>	<i>10</i>	<i>10</i>	<i>Thin/remove ladder fuel Conduct prescribed burn</i>	<i>11/11/2015 03/30/2016</i>

EX= EXAMPLE, COLUMNS 1-3 NRCS COMPLETES, COLUMNS 4-6 PRODUCER COMPLETES

I certify that the enhancement criteria have been met and the required documentation provided to NRCS for review.

1. A copy of the forest management plan or similar document that identifies required elements.
2. Map showing where treatments were applied – including pre-treatment of fuels by method, firebreaks, and burn area (highlighted, outlined, etc.).
3. Documentation of completed management activity, as required. – (COMPLETE TABLE ABOVE)
4. Attach a prescribed burning plan which includes documentation of applied conditions for the burn(s).
5. Representative digital images of the area showing before and after photos of the area that was treated.

Certified by: _____ **Date:** _____