

**314D OR-Specification**

Natural Resources Conservation Service, Oregon

June 2010

**BRUSH MANAGEMENT (Biological) SPECIFICATION SHEET**

<b>Client</b>		<b>Date</b>	
<b>Farm/Tract</b>		<b>Field(s)</b>	
<b>Location</b>		<b>Acres</b>	
<b>Planner</b>		<b>County/SWCD</b>	

**1. Management Objectives:**

Manage the amount and distribution of target brush species on specific ecological sites. Allowing the remaining plant community to grow without disturbance will insure the maximum effects of the treatment. Producing a seed crop is essential to improving the composition, production, and vigor of the plant community.

Additional Narrative:
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**2. Selected Treatment (check one):**

<input type="checkbox"/>	Grazing/Browsing (Describe):
<input type="checkbox"/>	Insect Control Agent (Describe):
<input type="checkbox"/>	Other Biological Agent (Describe):
Additional Narrative:	

**3. Conditions Prior To Treatment:**

**Species to Be Managed:** \_\_\_\_\_

Ecological Site or Forage Suitability Group	Range SI or Pasture CS	Trend	% Comp. in RPC	% Cover (Before)	% Cover (After)	% Cover (Removed)

**4. Timing , Intensity, Duration, & Frequency of Biological Control Agent**

Narrative:
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**5. Mitigation of Potential Hazards**

Additional Narrative:
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**6. Maps**

Maps of treated areas, pattern of treatment, and areas not treated are provided and attached to this specification.

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## 7. Operating Instructions

Desired Degree of Grazing/Browsing: \_\_\_\_\_

See attached grazing schedules and plan.

See 528 Prescribed grazing job specification worksheet.

Maximum Allowable Degree of Use (desirable non-target species): \_\_\_\_\_

Special Precautions or Requirements: \_\_\_\_\_

Additional Narrative:

## 8. Wildlife Considerations

All work conducted will be performed at times that meet the needs of resident and transient wildlife.

Additional Narrative:

## 9. Wildfire/Fuel Loading Considerations

Control undesirable woody plants in a manner that creates the desired plant community which does not provide wildfire hazard conditions. Contact Oregon Department of Forestry for a Slash Fuel Hazard Rating if desired.

Additional Narrative:

## 10. Monitoring

Monitoring will be based on the client objectives and purpose of this practice. At a minimum, monitoring will be done to assess degree of brush control and identify areas needing further treatment.

Simple, effective monitoring plans may include the following. Maintain photo point(s); take photos at a fixed site annually before and after grazing (see Range Technical Note #9; Photo Plots). Keep actual use records (unit, dates used, number of animals) and analyze results annually as needed (see Grazing Records booklet, or Exhibit 4-19, OR Amendment 1; National Range & Pasture Handbook). If needed, measure utilization or stubble height using methods in NRPH, Oregon Amendment 1, Exhibits 4-14 or 4-17.

Additional Narrative:

## 11. Additional Specifications:

Narrative:

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**Design Approval:**

Practice code No.	Practice	Lead Discipline	Controlling factor	Units	Job class				
					I	II	III	IV	V
314	Brush Management	BCSD Graz Land Spec	Area	Acres	25	50	100	200	All
This practice is classified as Job Class (check one):									

Design Approved by: /s/ \_\_\_\_\_ Date: \_\_\_\_\_

Job title \_\_\_\_\_

Refer to the Following Conservation Practice Specifications [✓]	
Prescribed Grazing 528	Access Control 472
Integrated Pest Management 595	Critical Area Planting 342
Fence 382	Watering Facility 614
Pipeline 516	Spring Development 574
Prescribed Burning 338	Wetland Wildlife Habitat Mgt. 644
Upland Wildlife Habitat Mgt. 645	Other:

**Client's Acknowledgement Statement:**

The Client acknowledges that:

- a. They have received a copy of the specification and understand the contents and requirements.
- b. It shall be the responsibility of the client to obtain all necessary permits and/or rights, and to comply with all ordinances and laws pertaining to the application of this practice.

Accepted by: /s/ \_\_\_\_\_ Date: \_\_\_\_\_

**Certification:**

I have completed a review of the information provided by the client and certify this practice has been applied.

Certification by: /s/ \_\_\_\_\_ Date: \_\_\_\_\_

Job title: \_\_\_\_\_

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