



Natural Resources Conservation Service

# FIRE BREAK

## Conservation Practice Job Sheet 394

Utah

March 2015

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. Location, Plan Map, and/or attached Drawings, No. \_\_\_\_\_

2. Special Requirements:

A) Break: Length and width: L: \_\_\_\_\_ ft x W: \_\_\_\_\_ ft.

B) Tree Spacing:: \_\_\_\_\_ ft. by \_\_\_\_\_ ft.

Site Index: \_\_\_\_\_

C) Understory Fuels \_\_\_\_\_

Shrub Spacing: \_\_\_\_\_ ft. by \_\_\_\_\_ ft.

3. Slash Disposal: \_\_\_\_\_

4. Maintenance Requirements: Inspect the fuel break every \_\_\_\_\_ to \_\_\_\_\_ years

Remove woody materials such as dead limbs and blown down trees

5. Special Maintenance Requirements: \_\_\_\_\_

**PRACTICE APPROVAL:**

Job Classification:

Show the limiting elements for this job.

Limiting elements:	Units
Area to be Treated	ac

**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 \_\_\_\_\_