USDA Natural ResourceS Conservation Service

 Conservation Practice JOB SHEET

ARIZONA

Brush ManagemenT

(Acres)

CHEMical treatment method

Practice CODE 314

LIFESPAN: 10 YearS

Cooperator

Conservation District

Land Unit(s)

Practice Amount

Contract Date

Design Date

Field Office

Program

County

**Cooperator Acknowledgement**

I acknowledge that:

1. I have received a copy of these specifications, including any attachments, and that I understand the contents, and the requirements for installation of this practice.
2. Maintenance of the installed work is necessary for proper performance for the life of the practice. For federally funded practices, this practice must be maintained for the expected life of the practice.

Accepted by

Date

Purpose:

The scope of the work shall consist of the management or removal of woody (non-herbaceous or succulent) plants including those that are invasive and noxious.

The primary purpose of this practice is to:

* Choose an item.

Additional purpose(s):

* Choose an item.
* Choose an item.
* Choose an item.

Site Characteristics:

Location (UTM or Lat., Long.):

Location (General Description):

**Attach map detailing area(s) to be treated.**

Total Acres within Treatment Area:

Total Acres Actually Planned to be treated (If Different):

MLRA: Choose an item.

CRA (LRU): Choose an item.

Ecological Site Number (Rangelands or Forestlands):

Ecological Site Name (Rangelands or Forestlands):

Soil Survey Area (Number and Name) (Pasturelands):

Map Unit(s) (ID and Name) (Pasturelands):

Average Annual Precipitation (in):

Elevation (ft):

Plant Community:

|  |  |  |  |
| --- | --- | --- | --- |
| Target Plant(s): | Present Plant CommunityChoose an item. | ESD Reference Plant CommunityChoose an item. | Target Post TreatmentChoose an item. |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |

and/or

|  |  |  |  |
| --- | --- | --- | --- |
| Target Plant(s): | Present Plant CommunityChoose an item. | ESD Reference Plant CommunityChoose an item. | Target Post TreatmentChoose an item. |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |

Describe in detail the planned treatment:

For Chemical treatment methods:

Species 1: Choose an item.

All chemical treatments will be in accordance with all applicable local, state, and federal laws and regulations and will be in accordance with label instructions.

Selected Herbicide(s):

Herbicide 1 Application Method:

Herbicide 2 Application Method:

Herbicide 1 Rate of Application or Spray Volume:

Herbicide 2 Rate of Application or Spray Volume:

Acceptable dates or plant growth stage at application to best effect control and dampen reinvasion:

Any special mitigation, timing considerations or other factors (such as soil texture and organic matter content) that must be considered to ensure the safest, most effective application of the herbicide:

*Any special mitigation, timing considerations or other Conservation Measures (such as buffer zones) that must be considered in Listed Species Habitat identified in the standard:*

Product Label Attached: Choose an item.

Treatment requirements for standing dead material (if any):

Species 2: Choose an item.

All chemical treatments will be in accordance with all applicable local, state, and federal laws and regulations and will be in accordance with label instructions.

Selected Herbicide(s):

Rate of Application or Spray Volume:

Acceptable dates or plant growth stage at application to best effect control and dampen reinvasion:

Any special mitigation, timing considerations or other factors (such as soil texture and organic matter content) that must be considered to ensure the safest, most effective application of the herbicide:

*Any special mitigation, timing considerations or other Conservation Measures (such as buffer zones) that must be considered in Listed Species Habitat identified in the standard:*

Product Label Attached: Choose an item.

Treatment requirements for standing dead material (if any):

AssociateD conservation practices:

The following conservation practices must be applied in conjunction with this brush management conservation practice:

Choose an item.,

Choose an item.,

Choose an item..

Required attachments:

Map detailing area(s) to be treated

Product label (for chemical treatments)

Mitigation measures determined through WIN-PST Report (for chemical treatments) (if any)

OPERATION and Maintenance

The expected lifespan of this practice is 10 years. With good maintenance, brush management applied to these specifications can last 20 years or more.

Following initial application, some regrowth, resprouting, or reoccurrence of brush may be expected. Spot treatment of individual plants or areas needing re-treatment should be completed as needed while woody vegetation is small and most vulnerable to desired treatment procedures.

**MONITORING**

Monitoring will be performed to determine if any follow-up treatment is required and if the desired goals and objectives of the brush management treatment are obtained. Monitoring may include observations of any resprouting or other means of re-establishment of the target species, change towards the desired plant community (including, but not limited to percent cover or pounds of the target species), climatic conditions following application of the brush management conservation practice, and grazing (by livestock or wildlife) timing, intensity and duration. The following monitoring will be conducted as part of this brush management conservation practice:

**Design Authority**

Design By

Approval Authority

Reviewed/Approved By

Approval Authority

Practice Certification

The acceptability of this work has been determined by inspections to check compliance with all the provisions of this specification with respect to the drawings and the minimum installation requirements.

I have made an onsite inspection of the site (or I am accepting owner/contractor documentation), and have determined that the job as installed does conform to these practice specifications.

Field Check By

Approval Authority

Date

Practice Certified By

Approval Authority

Date

USDA Natural ResourceS Conservation Service

**AS-BUILT DOCUMENTATION**

**Inspection Date:**

**Inspection By:**

**Follow-up Inspection Date (if needed):**

**Follow-up Inspection By:**

**Date(s) of Treatment:**

**Acres Treated:**

Plant Community:

|  |  |  |  |
| --- | --- | --- | --- |
| Target Plant(s): | Present Plant CommunityChoose an item. | ESD Reference Plant CommunityChoose an item. | Target Post TreatmentChoose an item. |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |

and/or

|  |  |  |  |
| --- | --- | --- | --- |
| Target Plant(s): | Present Plant CommunityChoose an item. | ESD Reference Plant CommunityChoose an item. | Target Post TreatmentChoose an item. |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |

For Chemical treatment methods:

**Herbicide(s) applied as planned (product and rate):** Choose an item.

Comments:

**Herbicide applied in accordance with label instructions:** Choose an item.

Comments:

**Treatment performed during acceptable dates and/or growth stage:** Choose an item.

Comments:

**Special mitigation measures followed (if any):** Choose an item.

Comments:

AssociateD conservation practices:

**All required associated conservation practices applied or planned:** Choose an item.

Comments:

Monitoring Plan:

**Monitoring plan has been implemented or planned:** Choose an item.