USDA Natural ResourceS Conservation Service

Conservation Practice JOB SHEET

ARIZONA

Brush ManagemenT

(Acres)

mechanical 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.): Click here to enter text. N.

Click here to enter text. E.

Location (General Description): Click here to enter text.

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

Total Acres within Treatment Area: Click here to enter text.

Total Acres Actually Planned to be treated (If Different): Click here to enter text.

MLRA: Choose an item.

LRU: Choose an item.

Ecological Site Number (Rangelands or Forestlands): Click here to enter text.

Ecological Site Name (Rangelands or Forestlands): Click here to enter text.

Soil Survey Area (Number and Name) (Pasturelands): Click here to enter text.

Map Unit(s) (ID and Name) (Pasturelands): Click here to enter text.

Average Annual Precipitation (in): Click here to enter text.

Elevation (ft): Click here to enter text.

Plant Community:

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

and/or

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

Describe in detail the planned treatment:

Species 1: Choose an item.

Type of equipment and any modifications necessary to enable the equipment to adequately complete the job:

Operating instructions (if applicable):

Techniques or procedures to be followed:

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

Species 2: Choose an item.

Type of equipment and any modifications necessary to enable the equipment to adequately complete the job:

Operating instructions (if applicable):

Techniques or procedures to be followed:

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

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 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 Community  Choose an item. | ESD Reference Plant Community  Choose an item. | Target Post Treatment  Choose an item. |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |

and/or

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

**Equipment and/or techniques or procedures followed as planned:** Choose an item.

Describe any variation from planned equipment and or techniques or procedures planned and the impact on the brush management (if any):

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.