

REFORESTATION PROJECT PROPOSAL

For proposals including pesticide use, review FOR Pesticide Use Guidelines and complete all additional boxes **outlined in dashed red line**. This form replaces NA-038180-03 effective 11/01/2020

TREATMENT UNIT								
PROJ. #	FY	RAN	COUNTY	T	R	S	Q	
SRM SITE(S)			STAND(S)	SEED ZONE		LAND STATUS		
LAT (DM)	LONG (DM)		SITE AC.	TRT. AC.	HOW WERE ACRES CALC.? GPS GIS	PERMIT #		NPC
ACCESS DISTANCE FROM PARKING		SEASONAL ACCESS			OTHER ACCESS RESTRICTIONS			

PROPOSED TREATMENT				
TREATMENT			EQUIPMENT	
SPECIFICS				
PESTICIDE ALTERNATIVES CONSIDERED?			WHY WAS PESTICIDE SELECTED?	
CULTURAL	MECHAN.	BIOLOGIC	NO PESTICIDE	

[illegible]

TREATMENT MAP

[illegible]

STAND HISTORY/TREATMENT PLAN				
PLANNED	ACTUAL	TREATMENT/ACTIVITY	DATE	COMMENTS
	<input checked="" type="checkbox"/>	VEGETATION ASSESSMENT or REGEN SURVEY		Include survey summary under VEG./REGEN. SURVEY

SEED BED DESCRIPTION			
SOIL TEXTURE			MINERAL SOIL EXPOSED (%)
DRAINAGE			ROCK (%)
			AVAIL. ROOT DEPTH (IN)
TOPOGRAPHY			SPHAGNUM (%)

PROPOSED GROUND SUPPORT HELISPOT					
T	R	S	Q	LAT (DM)	LONG (DM)
FERRY DISTANCE (MI.)		FOR. AREA CONTACT		OWNERSHIP	
ACCESS					

NARRATIVE/COMMENTS

REVIEW/APPROVAL					
CHECKS	NHIS	DATE:	HCV 4	NWI	DISTANCE TO WATER (FT):
SENSITIVE SITE? YES NO	MEASURES TAKEN TO PROTECT SENSITIVE FEATURES?				
DIST. TO NEIGHBOR	PUBLIC USE IN OR ADJACENT TO PROJECT AREA?				
PROPOSER					DATE
AREA APPROVER					DATE
Approved Disapproved					
REG. APPROVER	PRIMARY FUNDING				DATE
Approved Disapproved					