

# **Instructions for the completion of non-native invasive plant forms**

Attached are two forms:

- 1) Implementation checklist for the treatment of NNIP species
- 2) Non-native invasive plant documentation form

The first form is required to be routed to the appropriate specialists for review and signature prior to any treatment. Be sure and include a map attached to this form to indicate exactly where the proposed treatment will take place. Completion of this form is a requirement from the Forest-wide environmental assessment and we must be able to produce these forms for any site that has been treated under the authority of that EA. If a site is re-treated in subsequent years this form only needs to be filled out if the treatment method (or chemical used) changes.

The second form has three parts. Part one can be used simply to document a new site. Anyone can fill out this part of the form at anytime to report a newly discovered weed site. Submit this form to the Forest Botanist for inclusion of the site in our NRIS database. Parts two and three of this form are filled out to document the treatment and subsequent monitoring of sites. They should be completed and returned to the Forest Botanist along with the completed implementation checklist. The forms are very short and simple but include mandatory data fields that are required in the FACTS database. If these forms are not filled out completely and accurately, no entry of that treatment can be made in FACTS and we receive no credit for meeting that target.

## **Pre-planning is essential**

Once the annual treatment target is assigned to the Districts, sites should be prioritized for treatment using the Forest's strategy to ensure treatment of highest priority acres. Contact the Forest Botanist for assistance if needed. Identify enough treatment sites to equal the acres of the assigned target and then route the implementation checklists for these sites ASAP so treatments can be approved in a timely manner. Signed implementation checklists will be returned to the original sender. As treatments and monitoring of sites are completed, document on the second form and forward all completed forms to the Forest Botanist. Planning ahead and following this procedure will ensure timely treatment of sites and will help meet the annual timeline of recording sites and accomplishments in NRIS and FACTS.

## Implementation Checklist for the Treatment of NNIP Species

Species name: \_\_\_\_ WILDLIFE OPENING MAINTENANCE, NO APP E \_\_\_\_

NRIS Site ID: \_\_\_\_\_

(Leave blank if you do not know. Forest Botanist will assign site ID's for any newly identified site)

Acres: \_\_\_\_\_ (If you don't know, leave blank. This will be calculated from GIS/NRIS)

Estimate of % cover of Infestation: \_\_\_\_\_

Data collected by: \_\_\_\_\_

Infested adjacent (non NFS) land\*YES NO

List other NNIP species present at site:

Treatment method (List methods, chemicals used, date to be treated, by whom, etc)

**Botanist Review:** (Describe any special circumstances including the presence of TES species and rare or unique communities. List all recommended mitigations below.)

**Wildlife Biologist Review:** (Describe any special circumstances including potential impacts to forage and wildlife investments. List all recommended mitigations below.)

**Aquatic Biologist Review (only required when treating sites within riparian area):**

(Describe any special circumstances including the presence of aquatic TES species. List all recommended mitigations below.)

**Hydrologist/Soils Review:** (Describe any special circumstances regarding potential impacts to water quality. List all recommended mitigations below.)

**Archaeologist Review (only required if treatment involves ground disturbance):** (Describe any special circumstances regarding historical or cultural significance. List all recommended mitigations below.)

Signatures:

\_\_\_\_\_  
Botanist/Ecologist

\_\_\_\_\_  
Wildlife Biologist

\_\_\_\_\_  
Aquatic Biologist

\_\_\_\_\_  
Hydrologist

\_\_\_\_\_  
Archaeologist

\* If adjacent non NFS land is infested with NNIP species consider the use of Wyden Amendment to treat.

**Attach a map of the site on the back of this form to assist specialist review**

# Non-Native Invasive Plant Documentation Form

Please note there are three separate parts to this form: Site, Treatment, and Monitoring. Always fill out part 1 completely and at least answer the first question in parts 2 and 3. It is critical that you take a GPS reading in decimal degrees from within the population and sketch the site boundaries on a topographic map. The forest Botanist/Ecologist will use this information to determine if these are new sites, or ones that have already been documented in the database. Please fill out all appropriate sections completely and forward all completed forms to the Forest Botanist/Ecologist in a timely manner. All collected data will be input into the national NRIS NNIP Application and FACTS database which are the only official databases of record for non-native invasive plants.

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## Part 1: Site Data (always fill out completely)

Species: \_\_\_\_autumn olive (*Eleagnus umbellata*)\_\_\_\_ Date: \_\_2013\_\_  
(this is date site was documented)

Examiner: \_\_Lois Boggs\_\_\_\_ Quad: \_\_Wise, VA\_\_\_\_

Lat/Long in decimal degrees: N\_\_36d 53' 54.41"\_\_\_\_ W -82d 34' 07.45"\_\_\_\_  
(example decimal degrees format: N 35.26222 W -84.28699)

Estimated size of infested area (acres): \_\_1\_\_\_\_ % Cover: \_\_\_\_30\_\_\_\_

(% cover is your best estimate of the coverage of the target species within the area you have delineated on the map. Example: A kudzu patch will likely have 100% cover while autumn olive in a wildlife opening may only be at 10%.)

List other weed species present:

Provide a written description of site below (include general location info, plant communities present, etc.) ***Delineate site boundary on topo map and attach this with any photos taken to the back of this form.***

## Part 2: Treatment Data

Was treatment completed? ☒ Y ☐ N (circle yes or no. If yes, fill out all sections below, otherwise leave blank)

Target Species: \_\_\_\_autumn olive\_\_\_\_

Treatment Method (circle one): ☒ manual ☒ chemical cultural

Date of Treatment \_\_8/25/2015\_\_ Acres Treated \_\_1\_\_

(If the site was treated over the course of multiple days then duplicate this form and provide the dates, acres treated, and chemical info below for EACH date)

If chemical method was used provide the following:

Name of Certified Applicator: \_\_Lois Boggs (under direction of Brandon Sluss)\_\_\_\_

Brand Name of Chemical Used: \_\_\_\_\_

Active Ingredient: \_\_glyphosate\_\_ Dilutant (i.e. water, etc.): \_\_water\_\_

Volume Applied (Gallons): \_\_0.5\_\_ Product Rate (Lbs/Acre from label): \_\_\_\_\_

Provide either % Solution Applied: \_\_75\_\_ or Calibrated Volume (Gals/Acre): \_\_\_\_\_

Provide a description of treatment (include personnel, methods, equipment used, etc.):

Using hand-sprayer, applied sol'n to mowed stumps of autumn olive, which had been previously cut and sprouted

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## Part 3: Monitoring

Was monitoring completed? Y ☒ N (circle yes or no. If yes, fill out all sections below, otherwise leave blank)

Examiner: \_\_\_\_\_

Date(s) of monitoring visit: \_\_\_\_\_ Date site was treated (if known): \_\_\_\_\_

Provide a written description of the site focusing on effectiveness of previous treatments. What was the percent effectiveness of the treatment? The original percent infestation, size of the area infested, and list of associated weed species are recorded in part 1 of this form but should be summarized here in narrative form with regards to effectiveness of treatments. Include photos!!