FOR OFFICIAL USE ONLY

| SCD FILE NO. | SUBWATERSHED CODE | DEPS INSPECTION SIGNATURE | DATE |
|---|---|---|---|
| | | | |

**IMPORTANT: You must attach a copy of the appropriate ADC map and 200' scale topographic site map with the property boundaries, haul roads, major skid trails, entrances, stream crossings, and proposed landings of this forest harvest operation clearly marked, and other maps as may be required. Secondary operations require approval under a separate Sediment Control Plan.**

## A. LANDOWNER INFORMATION

1. Last Name _____ 2. First Name _____ 3. MI _____

4. Address _____ 5. City _____ 6. State _____

7. Zip _____ 8. Phone (_____)_____ 9. Email _____

## B. OPERATOR INFORMATION (corporate information if appropriate)

1. Last Name _____ 2. First Name _____ 3. MI _____

4. Address _____ 5. City _____ 6. State _____

7. Zip _____ 8. Phone (_____)_____ 9. Email _____

10. Current F.P.O. Lic. No. _____ 11. Green Card No. _____

12. List the names of other operators who may be involved in the harvest and the nature of their operations:_____

_____

13. If subcontracting to any of the operators listed above, do you assume responsibility for their compliance with this plan?

_____ If no, they must obtain a separate plan prior to their operations.

*(Yes or No)*

## C. FORESTER INFORMATION (if appropriate)

1. Last Name _____ 2. First Name _____ 3. MI _____

4. MD. Lic. Forester No. _____ 5. Phone(_____)_____ 6. Email _____

## D. SITE INFORMATION

1. Total Forested Acres _____ 2. Total Acres Harvested _____ 3. ADC Map Page _____ Coord _____

4. Location _____

*(Address **or** description of location using public roadway names and distances.)*

5. Harvest Method: _____ 6. Regeneration Method _____

*(e.g., clearcut, select cut, etc.)* *(e.g., natural,planted seedling, etc.)*

7. Proposed Beginning Date _____ 8. Proposed Completion Date _____

## E. HARVEST PROFILE

| Activity (check box if activity will occur on this site) | Requirement (may require pre-approval) | Encl | N/A |
|---|---|---|---|
| ☒ 1. Standard Plan | Sediment Control Plan Application | ☒ | ☐ |
| ☐ 2. Road/Trail > 20% slope | Custom Sediment Control Plan | ☐ | ☐ |
| ☐ 3. Haul Road > 15% slope | Custom Sediment Control Plan | ☐ | ☐ |
| ☐ 4. Landing > 10% slope | Custom Sediment Control Plan | ☐ | ☐ |
| ☐ 5. Nontidal Wetlands | Custom Sediment Control Plan | ☐ | ☐ |
| ☐ 6. Streamside Management Zone (SMZ) | Streamside Management Zone Plan | ☐ | ☐ |
| ☐ 7. Stream Crossing | MDE Waterway Permit | ☐ | ☐ |
| ☐ 8. Chesapeake Bay Critical Areas | Forest Management/ Timber Harvest Plan | ☐ | ☐ |
| ☐ 9. Forest Conservation Protection Area | Forest Conservation/ Timber Harvest Plan | ☐ | ☐ |
| ☐ 10. This harvest is under the prescription of a forest management plan prepared by: ☐ State ☐Consultant ☐ Industry | | | |

## F. BALTIMORE COUNTY SOIL CONSERVATION DISTRICT (For Official Use Only)

Plan Approval No. _____ Date _____

District Official _____

Technical review by: _____

## G. SEDIMENT CONTROL & HARVESTABILITY CERTIFICATION

1) The below signed agree(s) to the terms of the Standard Plan for Forest Harvest Operations and other attached required plans and to grant inspectors and Maryland DNR Forest Service staff the right of entry to the site to monitor compliance.

2) Each of the below signed is aware of the landowner's responsibility in preventing accelerated erosion and sedimentation during and subsequent to forest harvest operations as mandated by the rules and regulations adopted by the State of Maryland and any local ordinances and the 2015 Maryland Soil Erosion and Sediment Control Standards and Specifications for Forest Harvest Operations.

3) The below signed agree(s) to require that all operators conducting forest harvest operations on the above named property shall adhere to the requirements of the standard plan and any amendments to the plan.

4) The below signed agree(s) to notify the inspection agency at least 48 hours before beginning the harvest and 48 hours before completing the harvest.

5) This plan shall expire after two (2) years from the approval date.

6) I/We below hereby certify that there are no public or private agreements or restrictions including but not limited to management plans, covenants, easements, trusts or conservancies that limit or prohibit forest harvesting.

_____ _____

Landowner Date

_____ _____

Operator Date

Rev. 9-6-19

## A-1 HARVEST SPECIFICATIONS

1. Type of Operation (e.g., sawlogs, pulpwood, firewood) _____

2. Species to be Harvested _____

3. Dominant overstory species (list 3) _____

4. Dominant understory species (list 3) _____

5. Present Stand Density (sq. ft. basal area/ac.) or (trees/ac.) or (% stocking)…….._____

6. Residual Stand Density (sq. ft. basal area/ac.) or (trees/ac.) or (% stocking)……..._____

## A-2 STREAMSIDE MANAGEMENT ZONE (SMZ) PLAN (if necessary)

1. Total area in streamside management zone (SMZ)..……_____ Acres

2. Acres to be harvested in the SMZ……_____ Acres

3. Average slope of land to watercourse……..._____ %

4. Average width of SMZ [SMZ width formula: **50 feet + (2 feet x % slope**)]…….._____ feet.

5. Boundary of SMZ is marked with:_____ (color) _____ (paint or flagging).

6. Predominant tree species (list 3):_____

7. Species to be harvested in the SMZ _____

8. Current stocking density (basal area): _____ sq. ft. / acre;

9. Average stocking to be retained: _____ sq. ft. / acre. (By rule $\geq$ 60 sq. ft. in trees > 6 inch DBH.)

10. Species expected to comprise the residual or next stand in the SMZ:_____

11. Trees to be harvested are marked with: _____ color paint at eye level and on base.

12. Type of harvest within SMZ: _____
*(Thinning, Selection, Shelterwood, etc.)*

13. Regeneration will be from: _____
*(Advance reproduction, Seed, Sprouts, Planted seedlings, or Natural)*

14. Number of stream crossing(s) planned _____# and type of crossing planned:_____
*(e.g., **Bridge** 1st preference or **Culvert** 2nd preference)*

This SMZ Plan is used in conjunction with the Standard Erosion and Sediment Control Plan for this operation. All limitations for harvesting timber within the SMZ, as described in Specifications for Streamside Management Zone (SMZ), of the *2015 Maryland Erosion and Sediment Control Standards and Specifications for Forest Harvest Operations*, will be followed. Additional comments may be attached.

_____ _____ _____

MD. Licensed Forester *(Signature)* Lic. No. Date