**Forest Conservation Planting Maintenance Report**

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| --- | --- |
| Project Name/Address: | Click or tap here to enter text. |
| Plan Number: | Click or tap here to enter text. |
| Property Owner: | Click or tap here to enter text. |
| Date of Maintenance Visit: | Click or tap here to enter text. |
| Name and Address of Contractor: | Click or tap here to enter text. |
| MD Pesticide Applicator License #: | Click or tap here to enter text. |
| Planting Areas Maintained: | Click or tap here to enter text. |
| Name/Email Address of Report Preparer: | Click or tap here to enter text. |
| Assigned Forest Conservation Inspector: | Click or tap here to enter text. |

**Non-Native Invasives Identified**

Norway Maple (*Acer platanoides*)

Tree-of-heaven (*Ailanthus altissima*)

Fiveleaf akebia (*Akebia quinate*)

Garlic mustard (*Alliaria petiolata*)

Porcelainberry (*Amelopsis brevipedunculata*)

Japanese barberry (*Berberis thunbergii*)

Asiatic bittersweet (*Celastrus orbiculatus*)

Canada thistle (*Cirsium arvense*)

Autumn olive (*Elaeagnus umbellata*)

Wintercreeper (*Euonymus fortunei*)

English ivy (*Hedera helix*)

Japanese honeysuckle (*Lonicera japonica*)

Bush honeysuckle (*Lonicera spp.*)

Japanese stilt grass (*Microstegium vimineum*)

Running bamboos (*Phyllostachys spp.*)

Japanese knotweed (*Polygonum cuspidatum*)

Mile-a-minute (*Polygonum perfoliatum*)

Kudzu (*Pueraria Montana* var. *lobata*)

Lesser celandine (*Ranunculus ficaria*)

Multiflora rose (*Rosa multiflora*)

Wineberry (*Rubus phoenicolasius*)

Other (please specify): Click or tap here to enter text.

**Maintenance Performed**

**Mechanical Methods (check all that apply):**

Mowing around individual plantings

Mowing of entire planting area

Bush-hogging

Hand-clearing

Watering

Mulching

Other (please specify): Click or tap here to enter text.

**Equipment Used:**

Mower

Chainsaw/Power Pruner

Weed Whacker

Hand Tools

Other (please specify): Click or tap here to enter text.

**Chemical Application Methods (check all that apply)**

Cut stem treatment

Basal bark treatment

Foliar treatment

Other (please specify): Click or tap here to enter text.

**Products used:**

Glyphosate

Triclopyr

Other (please specify): Click or tap here to enter text.

Additional applications necessary?  Y /  N

**Additional Information**

|  |  |
| --- | --- |
| Were insect pests observed? If yes, please specify type of pest and any treatments performed: | Click or tap here to enter text. |
| Were any diseases observed? If yes, specify type of disease and any treatments performed: | Click or tap here to enter text. |
| Were abiotic stress conditions observed? If yes, specify symptoms and any treatments performed: | Click or tap here to enter text. |
| What is the current survival rate of the plantings? (100%, 75%, etc.) | Click or tap here to enter text. |
| Are any replacement plantings required? If yes, please specify the species and quantity and reach out to the assigned forest conservation inspector. | Click or tap here to enter text. |
| Does staking/deer protection caging need to be replaced? Would you recommend removal of any staking/deer protection caging? If yes, please explain why: | Click or tap here to enter text. |
| Future visit schedule: | Click or tap here to enter text. |
| Use this space to address any additional comments or concerns resulting from the maintenance visit: | Click or tap here to enter text. |