

APPENDIX F

EXAMPLE FIELD SURVEY WORKSHEETS

DRAFT

EBRPD Wildfire Hazard Reduction Resource Management Plan DRAFT: Recommended Treatment Area (RTA) Site Assessment

Park:	Date (YYYYMMDD):	
RTA:	Recorder:	
Sub-RTA:	Acres: .	
GPS Coordinates: N:	E:	State Plane Ca III NAD83
Elevation: feet	Aspect:	Slope(max): (min):
FEMA Polygon: <input type="checkbox"/> yes <input type="checkbox"/> no	Park Boundary Delineated: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A	
Initial Treatment: <input type="checkbox"/> yes <input type="checkbox"/> no	Maintenance: <input type="checkbox"/> yes <input type="checkbox"/> no	
Vegetation Management Goal:		
Preferred Treatment Type(s):		

Special Status Species

- | | |
|---|--|
| <input type="checkbox"/> Alameda Whipsnake potential habitat _____ | <input type="checkbox"/> Assessment Complete |
| <input type="checkbox"/> Other Listed Animal Species _____ | <input type="checkbox"/> Assessment Complete |
| <input type="checkbox"/> Nest/Burrow/Colony Activity _____ | <input type="checkbox"/> Assessment Complete |
| <input type="checkbox"/> Fisheries Survey Necessary _____ | <input type="checkbox"/> Assessment Complete |
| <input type="checkbox"/> other/keystone _____ | <input type="checkbox"/> Assessment Complete |
| <input type="checkbox"/> Check with Park Staff for additional species sitings/information | <input type="checkbox"/> Assessment Complete |

Soils

- Soil Type(s): _____ USGS Mapped Landslides
- | | |
|--|--|
| <input type="checkbox"/> Habitable structure within 100 ft. of slope toe | <input type="checkbox"/> Listed as "unstable" or "many landslides" |
| <input type="checkbox"/> Prescribed treatment includes heavy equipment | <input type="checkbox"/> Average slope greater than 18 percent |
| <input type="checkbox"/> Erosion Potential | <input type="checkbox"/> Visible evidence of landslide activity |
- Erosion control measures: _____

Vegetation Type(s)

Dominant Species	status*	flagged	8	
1 _____	_____	<input type="checkbox"/>	9 _____	<input type="checkbox"/>
2 _____	_____	<input type="checkbox"/>	10 _____	<input type="checkbox"/>
3 _____	_____	<input type="checkbox"/>	11 _____	<input type="checkbox"/>
4 _____	_____	<input type="checkbox"/>	12 _____	<input type="checkbox"/>
5 _____	_____	<input type="checkbox"/>	13 _____	<input type="checkbox"/>
6 _____	_____	<input type="checkbox"/>	14 _____	<input type="checkbox"/>
7 _____	_____	<input type="checkbox"/>	15 _____	<input type="checkbox"/>

* Native = N; Non-native = NN; Non-native invasive = NNI; Special status = SS Locally rare = LR

Target Invasive Species

- | | |
|---------|---------|
| 1 _____ | 4 _____ |
| 2 _____ | 5 _____ |
| 3 _____ | 6 _____ |

Site Assessment Photograph

Camera Model: _____	Photo Date: _____	
Camera Bearing: _____ degrees	Time of Day: _____	Photo Number: _____
Photo 1 coordinates: N: _____	E: _____	State Plane Ca III NAD83
Photo 2 coordinates: N: _____	E: _____	State Plane Ca III NAD83

When naming photo after downloading, use the RTA number and suffix "A" (e.g., AC001A)

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Hydrologic Features			
<input type="checkbox"/> Wetland	_____	distance from treatment: _____ ft.	
		length: _____ ft.	width: _____ ft.
<input type="checkbox"/> Stream		distance from treatment: _____ ft.	
<input type="checkbox"/> Riparian vegetation present		length: _____ ft.	width: _____ ft.

Cultural Resources			
Cultural Resources Present:	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Site flagged
Description:	_____		
GPS coordinates:	N: _____	E: _____	State Plane Ca III NAD83

Biological Resources	
<input type="checkbox"/> Degraded, rusted, or substandard culvert	<input type="checkbox"/> Nest survey(s) required
<input type="checkbox"/> Conflict with federal, state, or local regulations	<input type="checkbox"/> Proposed new fire route

Comments: _____

I certify that site assessment is complete and meets the EBRPD standards for natural resource protection in accordance with the Wildfire Hazard Reduction and Resource Management Plan

Neal Fujita, Stewardship Manager

EBRPD Water Quality Monitoring Fuel Break Field Data Sheet

Waterbody Name: _____

Date: _____

Project Name and/or ID: _____

Station ID: _____

Station Habitat (*circle one*: Pool, Run, Riffle)

Station Name: _____

Staff: _____

Date of last rain: _____

Observations

Observations Time: _____

Air Temperature	
Cloud cover	<u>no clouds</u> ; <u>partly cloudy</u> ; <u>cloudy sky</u>
Precipitation	<u>none</u> ; <u>misty</u> ; <u>foggy</u> ; <u>drizzle</u> ; <u>rain</u> ;
Wind	<u>calm</u> ; <u>breezy</u> ; <u>windy</u> ;
Water Murkiness	<u>clear water</u> ; <u>cloudy water</u> (>4" visibility), <u>murky</u> (<4" visibility). <i>[this pertains to the water itself, not to scum]</i>
Flow conditions	<u>dry creekbed</u> ; <u>isolated pools</u> <u>trickle</u> (< 0.25 gal/sec); <u>≤ 5 gal/sec</u> ; <u>> 5 gal/sec</u> ; <u>full waterway no observed flow</u>
Sample color	<u>none</u> ; <u>amber</u> ; <u>yellow</u> ; <u>green</u> ; <u>brown</u> ; <u>gray</u> ; other:
Sample odor	<u>none</u> ; <u>fresh algae smell</u> ; <u>chlorine</u> ; <u>rotten eggs</u> ; <u>sewage</u> ; other
Other (presence:)	<u>algae or water plants</u> ; <u>oily sheen</u> ; <u>foam or suds</u> ; <u>litter</u> ; <u>trash</u> ; other

Measurements

	Site	Site	Site	Site	Site	Site	Comments
Time							
Bottle #							
P Log/ L number							
Dissolved oxygen (mg/L)							
pH							
Conductivity (µMHOS)							
Salinity ppt							
Water Temperature °C							
Turbidity (NTU)							
TSS (EBMUD-mg/L)							

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