GARRETT SOIL CONSERVATION DISTRICT EROSION AND SEDIMENT CONTROL PLAN FOR FOREST HARVEST OPERATIONS

I. Site Information A. Location: (Include vicinity map showing intersection of two major roads.) B. Nature of Operation: _____ Acres harvested: _____ Pine acres harvested: _____ C. Type of Plan: **II. Landowner and Operator Information** A. Landowner(s): Address: Email: Phone: B. Operator: Address: Email: Phone: Green card #: Current F.P.O. Lic. #: Professional License #: C. Plan Preparer: Email: _____ Phone: 1. List the names of other operators who may be involved in the harvest and the nature of their operations: 2. If subcontracting to any of the operators listed above, do you assume responsibility for their compliance with this plan? Y/N. (If **no**, they must obtain a separate plan prior to their operations.) III. Agreement (A) I/We agree to adhere to Standard Erosion and Sediment Control Plan for Forest Harvest Operations, and to grant inspectors and Maryland DNR Forest Service staff the right of entry to the site to monitor compliance. Contact Melissa Nash, DNR Forest Service (301) 334-3296 at least 3 business days prior to mobilizing any harvesting equipment. (B) I am 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 local jurisdictions, and the 2015 Maryland Soil Erosion and Sediment Control Standards and Specifications for Forest Harvest Operations. (C) I agree to require that all operators conducting forest harvest operations on my property to adhere to the requirements of the Standard Plan. Landowner: Date: Operator:

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Note: (Plan is valid for 3 years from approval date.)

IV. Operator Agreement

	responsibility of 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 local jurisdictions.				
B.	project to	We agree to require any operator or sub-contractor I engage to perform forest harvest related operations on this project to obtain a Standard Plan for Forest Harvest Operations as mandated by the rules and regulations adopted by the State of Maryland and local jurisdictions.			
	Operator	Name (Print)	Signature	Date	
A	Approved:				

Date

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A. I/We agree to adhere to the terms of the attached Standard Plan for Forest Harvest Operations and am aware of my