

Date of Report: August 22, 2006

BURNED-AREA REPORT
(Reference FSH 2509.13)

NO TREATMENT DECISION AND FIRE UNDER 300 ACRES- Fill out the yellow highlighted sections, Forest BAER Coordinator sign, and send to Regional BAER Coordinator. BR, 2006

PART I - TYPE OF REQUEST**I. Type of Report**

- ☐ 1. Funding request for estimated WFSU-SULT funds
- ☐ 2. Accomplishment Report
- ☒ 3. No Treatment Recommendation

I. Type of Action

- ☐ 1. Initial Request (Best estimate of funds needed to complete eligible rehabilitation measures)
- ☐ 2. Interim Report
 - ☐ Updating the initial funding request based on more accurate site data or design analysis
 - ☐ Status of accomplishments to date
- ☐ 3. Final Report (Following completion of work)

PART II - BURNED-AREA DESCRIPTION**A. Fire Name:** Ridge**B. Fire Number:** LPF 1475**C. State:** CA**D. County:** Kern**E. Region:** 05**F. Forest:** Los Padres**G. District:** Mount Pinos**H. Date Fire Started:** 7/ 22/2006**I. Date Fire Contained:** 7/26/2006**J. Suppression Cost:****K. Fire Suppression Damages Repaired with Suppression Funds**

- 1. Fireline waterbarred (miles):
- 2. Fireline seeded (miles):
- 3. Other (identify):

L. Watershed Number: 1803000301 Buena Vista**M. Total Acres Burned:**

NFS Acres(322) Other Federal (476) State () Private (1,619)

N. Vegetation Types: Grass, brush**O. Dominant Soils:** LPF # 18,20, 21 sandy loams

- I. Transportation System
Trails: miles Roads: miles

A. Burn Severity (acres): 2,418 (low) (moderate) (high)

- C. Soil Erosion Hazard Rating (acres):
 ____ (low) ____ (moderate) ____ (high)
- D. Erosion Potential: ____ tons/acre
- E. Sediment Potential: ____ cubic yards / square mile

A. Estimated Vegetative Recovery Period, (years): 1

- B. Design Chance of Success, (percent): _____
- C. Equivalent Design Recurrence Interval, (years): _____
- D. Design Storm Duration, (hours): _____
- E. Design Storm Magnitude, (inches): _____
- F. Design Flow, (cubic feet / second/ square mile): _____
- G. Estimated Reduction in Infiltration, (percent): _____
- I. Adjusted Design Flow, (cfs per square mile): _____

A. Describe Watershed Emergency: STATE WHETHER OR NOT VALUES AT RISK WERE IDENTIFIED AND IF SO, WHAT THEY ARE.

B. Emergency Treatment Objectives: Even if Values at Risk were identified, the actual threat to them may be quite low due to the fire size or other circumstances. Provide further description and why NO TREATMENT was chosen. Otherwise, we may need to go further in our assessment and consideration of possible treatments.

This was a low intensity burn in an annual grass system. It is over 10 miles to the nearest water structure (road culvert).

C. Probability of Completing Treatment Prior to First Major Damage-Producing Storm:

Land ___ % Channel ___ % Roads ___ % Other ___ %

D. Probability of Treatment Success

	Years after Treatment		
	1	3	5
Land			
Channel			
Roads			
Other			

E. Cost of No-Action (Including Loss):

F. Cost of Selected Alternative (Including Loss):

I. Skills Represented on Burned-Area Survey Team:

<input type="checkbox"/> Hydrology	<input type="checkbox"/> Soils	<input type="checkbox"/> Geology	<input type="checkbox"/> Range	<input type="checkbox"/>
<input checked="" type="checkbox"/> Forestry	<input type="checkbox"/> Wildlife	<input type="checkbox"/> Fire Mgmt.	<input type="checkbox"/> Engineering	<input type="checkbox"/>
<input type="checkbox"/> Contracting	<input type="checkbox"/> Ecology	<input type="checkbox"/> Botany	<input type="checkbox"/> Archaeology	<input type="checkbox"/>
<input type="checkbox"/> Fisheries	<input type="checkbox"/> Research	<input type="checkbox"/> Landscape Arch	<input type="checkbox"/> GIS	

Team Leader: John Kelly, Resource Officer Mount Pinos RD, LPF

Email: jhkelly@fs.fed.us Phone: (661) 245-3731 ext 236 FAX: (661) 245-1526

I. Treatment Narrative:

(Describe the emergency treatments, where and how they will be applied, and what they are intended to do. This information helps to determine qualifying treatments for the appropriate funding authorities. For seeding treatments, include species, application rates and species selection rationale.)

Land Treatments:

Channel Treatments:

Roads and Trail Treatments:

Structures:

I. Monitoring Narrative:

(Describe the monitoring needs, what treatments will be monitored, how they will be monitored, and when monitoring will occur. A detailed monitoring plan must be submitted as a separate document to the Regional BAER coordinator.)

A NO TREATMENT MAY BE CONTROVERSIAL AND MONITORING MAY BE JUSTIFIED TO DETERMINE IF TREATMENT IS STILL NECESSARY. IF FUNDING FOR MONITORING IS REQUESTED DESCRIBE HERE.

Part VI – Emergency Rehabilitation Treatments and Source of Funds by Land Ownership

Line Items	Units	Unit Cost	# of Units	WFSU SULT \$	Other \$	# of units	Fed \$	# of Units	Non Fed \$	Total \$
A. Land Treatments										
				\$0	\$0		\$0		\$0	\$0
				\$0	\$0		\$0		\$0	\$0
				\$0	\$0		\$0		\$0	\$0
Insert new items above this line!				\$0	\$0		\$0		\$0	\$0
Subtotal Land Treatments				\$0	\$0		\$0		\$0	\$0
B. Channel Treatments										
				\$0	\$0		\$0		\$0	\$0
				\$0	\$0		\$0		\$0	\$0
				\$0	\$0		\$0		\$0	\$0
Insert new items above this line!				\$0	\$0		\$0		\$0	\$0
Subtotal Channel Treat.				\$0	\$0		\$0		\$0	\$0
C. Road and Trails										
				\$0	\$0		\$0		\$0	\$0
				\$0	\$0		\$0		\$0	\$0
				\$0	\$0		\$0		\$0	\$0
Insert new items above this line!				\$0	\$0		\$0		\$0	\$0
Subtotal Road & Trails				\$0	\$0		\$0		\$0	\$0
D. Structures										
				\$0	\$0		\$0		\$0	\$0
				\$0	\$0		\$0		\$0	\$0
				\$0	\$0		\$0		\$0	\$0
Insert new items above this line!				\$0	\$0		\$0		\$0	\$0
Subtotal Structures				\$0	\$0		\$0		\$0	\$0
E. BAER Evaluation										
				\$0	\$0		\$0		\$0	\$0
				\$0	\$0		\$0		\$0	\$0
Insert new items above this line!				\$0	\$0		\$0		\$0	\$0
Subtotal Evaluation				\$0	\$0		\$0		\$0	\$0
F. Monitoring										
??????				\$0	\$0		\$0		\$0	\$0
Insert new items above this line!				\$0	\$0		\$0		\$0	\$0
Subtotal Monitoring				\$0	\$0		\$0		\$0	\$0
G. Totals				\$0	\$0		\$0		\$0	\$0

PART VII - APPROVALS

No Treatment, Fire Under 300 Acres

Forest Coordinator: /s/ Donna C. Toth

Date: August 31, 2006

1. _____
Forest Supervisor (signature)

Date

2. _____
Regional Forester (signature)

Date