

Date of Report: 7/17/2017

BURNED-AREA REPORT
(Reference FSH 2509.13)**NO TREATMENT DECISION****PART I - TYPE OF REQUEST****A. Type of Report**

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

B. Type of Action

- ☐ 1. Initial Request (Best estimate of funds needed to complete eligible stabilization 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: Buck Fire B. Fire Number: WWF-388
C. State: Oregon D. County: Wallowa
E. Region: 6 F. Forest: Wallowa-Whitman
G. District: Hells Canyon NRA H. Fire Incident Job Code: XXXX
I. Date Fire Started: 07/10/2017 J. Date Fire Contained: 07/17/2017
K. Suppression Cost: \$ XXXX
L. Fire Suppression Damages Repaired with Suppression Funds
 1. Fireline waterbarred (miles): XXXX
 2. Fireline seeded (miles): XXXX
 3. Other (identify): XXXX
M. Watershed Number:
N. Total Acres Burned:
 1,015] NFS Acres ☐ Other Federal ☐ State ☐ Private

O. Vegetation Types: XXX

P. Dominant Soils: XXX

Q. Geologic Types: XXX

R. Miles of Stream Channels by Order or Class: XXX

S. Transportation System

Trails: XXX miles Roads: XXX miles

PART III - WATERSHED CONDITION

A. Burn Severity (acres): XXX (low) XXX (moderate) XXX (high)

B. Water-Repellent Soil (acres): XXX

C. Soil Erosion Hazard Rating (acres): XXX (low) XXX (moderate) XXX (high)

D. Erosion Potential: XXX tons/acre

E. Sediment Potential: XXX cubic yards / square mile

PART IV - HYDROLOGIC DESIGN FACTORS

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

B. Design Chance of Success, (percent): XXX

C. Equivalent Design Recurrence Interval, (years): XXX

D. Design Storm Duration, (hours): XXX

E. Design Storm Magnitude, (inches): XXX

F. Design Flow, (cubic feet / second/ square mile): XXX

G. Estimated Reduction in Infiltration, (percent): XXX

H. Adjusted Design Flow, (cfs per square mile): XXX

PART V - SUMMARY OF ANALYSIS

A. Describe Critical Values/Resources and Threats (narrative): XXX **STATE WHETHER OR NOT VALUES AT RISK WERE IDENTIFIED AND IF SO, WHAT THEY ARE.**

B. Emergency Treatment Objectives (narrative): XXX 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.

C. Probability of Completing Treatment Prior to Damaging Storm or Event:

Land XXX% Channel XXX% Roads/Trails XXX% Protection/Safety XXX%

D. Probability of Treatment Success

	Years after Treatment		
	1	3	5
Land	XXX	XXX	XXX
Channel	XXX	XXX	XXX
Roads/Trails	XXX	XXX	XXX
Protection/Safety	XXX	XXX	XXX

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

F. Cost of Selected Alternative (Including Loss): XXX

G. 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"/> Forestry	<input type="checkbox"/> Wildlife	<input type="checkbox"/> Fire Mgmt.	<input type="checkbox"/> Engineering
<input type="checkbox"/> Contracting	<input type="checkbox"/> Ecology	<input type="checkbox"/> Botany	<input type="checkbox"/> Archaeology
<input type="checkbox"/> Fisheries	<input type="checkbox"/> Research	<input type="checkbox"/> Landscape Arch	<input type="checkbox"/> GIS

Team Leader: XXX

Email: XXX

Phone: XXX

FAX: XXX

H. 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: XXX

Channel Treatments: XXX

Roads and Trail Treatments: XXX

Protection/Safety Treatments: XXX

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 Stabilization Treatments and Source of Funds

Interim #

Line Items	Units	Unit Cost	NFS Lands		Other \$	Other Lands		All Total \$
			# of Units	BAER \$		# of units	Fed \$	
A. Land Treatments								
				\$0	\$0		\$0	\$0
				\$0	\$0		\$0	\$0
				\$0	\$0		\$0	\$0
<i>Insert new items above this line!</i>				\$0	\$0		\$0	\$0
<i>Subtotal Land Treatments</i>				\$0	\$0		\$0	\$0
B. Channel Treatments								
				\$0	\$0		\$0	\$0
				\$0	\$0		\$0	\$0
				\$0	\$0		\$0	\$0
<i>Insert new items above this line!</i>				\$0	\$0		\$0	\$0
<i>Subtotal Channel Treat.</i>				\$0	\$0		\$0	\$0
C. Road and Trails								
				\$0	\$0		\$0	\$0
				\$0	\$0		\$0	\$0
				\$0	\$0		\$0	\$0
<i>Insert new items above this line!</i>				\$0	\$0		\$0	\$0
<i>Subtotal Road & Trails</i>				\$0	\$0		\$0	\$0
D. Protection/Safety								
				\$0	\$0		\$0	\$0
				\$0	\$0		\$0	\$0
				\$0	\$0		\$0	\$0
<i>Insert new items above this line!</i>				\$0	\$0		\$0	\$0
<i>Subtotal Structures</i>				\$0	\$0		\$0	\$0
E. BAER Evaluation								
				---			\$0	\$0
<i>Insert new items above this line!</i>				---	\$0		\$0	\$0
<i>Subtotal Evaluation</i>				---	\$0		\$0	\$0
F. Monitoring								
				\$0	\$0		\$0	\$0
<i>Insert new items above this line!</i>				\$0	\$0		\$0	\$0
<i>Subtotal Monitoring</i>				\$0	\$0		\$0	\$0
G. Totals				\$0	\$0		\$0	\$0
Previously approved								
Total for this request				\$0				

PART VII - APPROVALS

1. _____
Forest Supervisor (signature) _____
Date _____
2. _____
Regional Forester (signature) _____
Date _____